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ABSTRACT

A national, retrospective cross-sectional study of 213 Australian women who relinquished a first child for adoption when they were young and single found that the effects of relinquishment on the mother are negative and longlasting. Relinquishing a child for adoption was viewed as a stressful life-event involving loss. Analyses of data obtained from volunteers through questionnaires and interviews indicated that (1) approximately half the women reported an increasing sense of loss over periods of up to 30 years, with sense of loss being worse at particular times, such as birthdays and Mothers' Day; (2) for the sample as a whole, this sense of loss remained constant for up to 30 years; (3) relinquishing mothers, as compared with a carefully matched comparison group, had significantly more problems of psychological adjustment; (4) major factors contributing to poor adjustment were lack of opportunities to talk through feelings, lack of social support, and continuing sense of loss; (5) outcomes of relinquishment were fairly normally distributed; and (6) relinquishing mothers indicated that their sense of loss and problems of adjustment would be eased by knowledge about what had happened to the child they gave up for adoption. (The survey instrument used in the study, The Questionnaire for Relinquishing Mothers, is appended.) (RH)

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Relinquishing Mothers in Adoption

Their long-term adjustment

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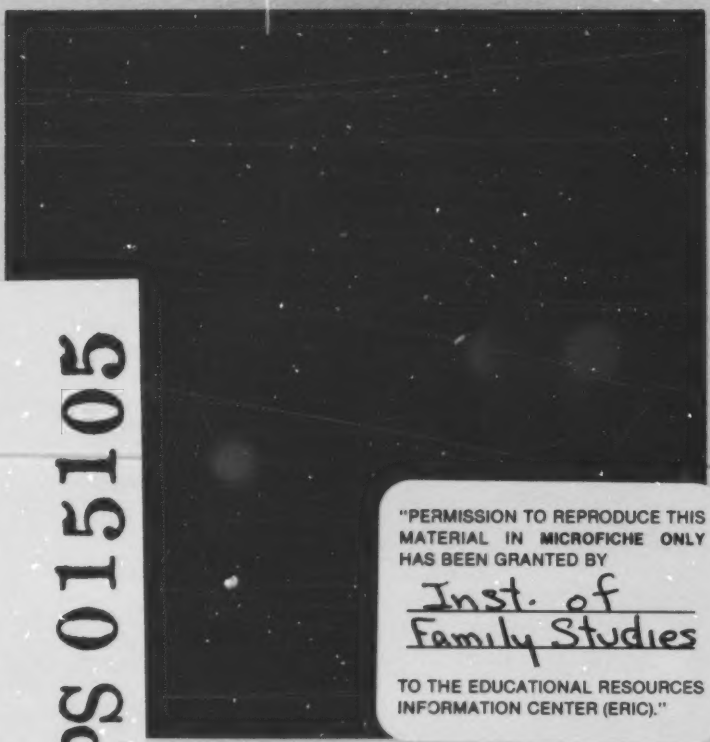

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Relinquishing Mothers in Adoption

Their long-term adjustment

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Foreword

We are pleased to be able to publish this report on a previously unresearched area. Usually, studies on 'adoption' focus on the child or on the problems of allocating them to suitable adoptive parents. In recent times individual adoptees, groups such as Jigsaw and legislative review committees have called for better access to birth records so that the real parent(s) can be traced once the adopted child has reached adulthood. The argument has been not only in terms of their right to know, but also in terms of their psychological need to know, to trace their identity and identify their true origins.

Winkler and van Keppel found in their work on adoption that there was a parallel, equally poignant untold story — the agony of women forced, often by social pressure or lack of money, to give up their baby for adoption, who then spent the rest of their lives wondering what had become of their offspring. The plight of the relinquishing mother starts with a not always unwanted pregnancy, then early separation from the newborn child, having to decide in the midst of this emotional and physical trauma what is the right thing to do, finally to sign away all rights to access, care and control, followed by a lifetime of doubts.

It is not surprising that in the current climate of legislative review, with its discussion of access to records of adoption details and rights to know about one's real parentage, questions are being raised about the rights of those who gave up their children for adoption, at least to know if their child is alive and well. It is not an easy area in which legislation can be

cut and dried because so many conflicting interests and emotions are involved.

In an era where the very nature of parenthood is under challenge from modern fertility techniques, and where there are so few children being made available for adoption, it may seem almost quaint to be discussing adoption. As you will see from the findings of this report however, the issue is one that affects thousands of families throughout their lifetimes and one with several urgent policy implications.

The study began some time ago, but its completion was made possible by a Support Grant from the Institute of Family Studies. Our Support Grants scheme enables us to assist both pilot studies and completion work in areas related to the Institute's mandate but on which we are not conducting specific research ouselves. We are happy that this Support Grant has had such a worthwhile outcome.

Don Edgar
Director
Institute of Family Studies

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We would like to acknowledge the women who participated in the study. We also thank the many people and organisations who assisted in the preparation of this monograph. For their assistance with the statistical analyses, we are grateful to Mark Diamond, June Durston and to Les Harris who also helped with the data presentation. We thank the ABC Science Show, the *Woman's Day*, the *West Australian*, Adoption Jigsaw WA Inc., Adoption Triangle (NSW), and the Catholic Adoption Agency (Sydney), all of whom encouraged women to participate in the study. In particular, we would like to thank the Institute of Family Studies for its financial and practical assistance via a Support Grant during 1981-82 and 1982-83.

Robin Winkler
Margaret van Keppel

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Summary

A national study of 213 women who relinquished a first child for adoption when they were young and single found:

1 The effects of relinquishment on the mother are negative and long-lasting.
2 Approximately half the women reported an increasing sense of loss over periods of up to 30 years, with sense of loss being worse at particular times, e.g., birthdays, mothers' day.
3 For the sample as a whole, this sense of loss remained constant for up to 30 years.
4 Relinquishing mothers, compared to a carefully matched comparison group of women, had significantly more problems of psychological adjustment.
5 The major factors which made for worse adjustment to the relinquishment were
   - absence of opportunities to talk through feelings about relinquishment,
   - lack of social supports in dealing with the relinquishment,
   - most importantly, the continuing sense of loss about the child.
6 However, it was not the case that all women who had relinquished a child for adoption reported negative adjustment to relinquishment — there was approximately a normal distribution of outcomes.
7 The relinquishing mothers expressed a clear view that their sense of loss and problems of adjustment to the relinquishment would be eased by knowledge about what had happened to the child they gave up for adoption.

Summary

The research shows clearly that it is inappropriate to view relinquishing mothers as women who have 'put the problem behind them'. Nor should they be regarded as callous and heartless in giving their child away — the majority of women felt they had no alternative to the difficult choice they made.

The research also suggests that, in deciding whether or not to relinquish a child, single teenage women and those to whom they turn for help, need to consider, along with other issues of possibly equal relevance, the issue of the long-term cost to the mother of giving a baby for adoption.

The study suggests the need for:

1 Greater availability of counselling and support services for women who have relinquished a child for adoption in the past and for women currently relinquishing a child.
2 Increased availability of information for the relinquishing mother which informs the mother of the present situation of her child. This information may take various forms, ranging from non-identifying information to identifying information to reunions, according to the needs and wishes of all parties involved.

1 Introduction

The three principal elements of the adoption process are the child (adoptee), the relinquishing mother and the adoptive parents. The traditional focus of adoption practice has been the placement of the child with approved adoptive parents. The relinquishing mother has received only minimal attention and little is known about her experience of relinquishing a child for adoption. Relinquishing mothers have only recently begun to feel able to speak out about their experiences both at the time of relinquishment and subsequently.

The work of Shawyer (1979), Picton and Bieske-Vos (1980) and organisations such as Jigsaw* and the National Council for the Single Mother and her Child have lent much support to the 'coming-out' of relinquishing mothers in Australia and New Zealand. The work of Sorosky, Baran and Pannor (1978) has lent similar support and assisted in liberalising adoption law and practice in the United States of America.

The major characteristics of the mothers' reaction to relinquishment would seem to be loss and grief. For many relinquishing mothers the experience of grief appears to be unresolvable, especially while the fate of their child remains unknown to them. From discussions with relinquishing mothers in Melbourne and Perth and from a review of the

* Jigsaw is an association of adoptees, natural parents and adoptive parents which works to facilitate reunions between adoptees and their natural parents and for adoption law reform. Similar organisations are known as 'Adoption Jigsaw' in Western Australia and 'Adoption Triangle' in New South Wales.

scant literature (Pannor, Baran and Sorosky, 1978; Picton and Bieske-Vos, 1980; Rynearson, 1982; Shawyer, 1979; Sorosky and others, 1978) two main questions emerge:

- What are the effects of relinquishment on the mother who places her child for adoption?
- What factors make adjustment to relinquishment more and less difficult?

This study is an investigation of the effects of relinquishing a child on the adjustment of the mother and of those factors which are believed to either facilitate or impede adjustment to relinquishment.

Incidence: legacies of the past

Although the number of mothers who are relinquishing children for adoption has continued to decline since 1971-72, it is conservatively estimated that 35 000 Australian mothers relinquished their children in the 12 year period from July 1968 to June 1980 (Australian Bureau of Statistics, 1982)*. Table 1 presents the statistics for the total number of adoptions and the estimated total number of non-relative adoptions arranged in Australia from July 1968 to June 1980.

The Australian Bureau of Statistics (1982) reported on the features of non-relative adoptions in 1979-80 for all Australian states other than New South Wales: 77 per cent of persons adopted by non-relatives were under 12 months of age (55 per cent were under two months), 92 per cent were born exnuptially and 62 per cent were born to mothers aged less than 20 years. Relinquishing a child for adoption then, is most typical amongst the sub-group of mothers who are single, still in their teen years and whose contact with their children did not extend beyond the pregnancy/birth, or possibly the neonatal period.

The decrease in the number of children being relinquished for adoption reflects the wider availability of contraception and abortion, changed social attitudes toward single motherhood and the availability of financial support to single parents. Australian adoption agencies responded to the decline in the

* This figure of 35 000 is only an estimate because prior to 1975, the records made no distinction between relative and non-relative adoptions (relative adoptions are usually made by the spouse of a natural parent and less frequently by some other relative, for example, a grandparent).

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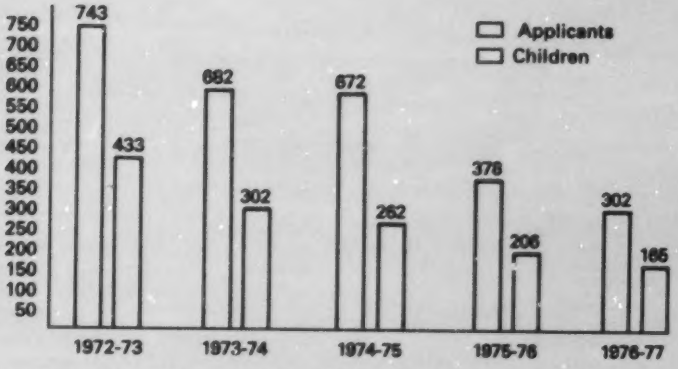
Table 1 Frequency of all adoptions and estimated frequency* of non-relative adoptions arranged in Australia, 1968-69 to 1979-80

Year ending 30 June	*All adoptions*	*Estimate of non-relative adoptions*
1969	6 773	3 454
1970	7 820	3 988
1971	8 553	4 362
1972	9 798	4 997
1973	8 542	4 356
1974	6 705	3 420
1975	5 389	2 748
1976	4 990	2 545
1977	5 188	2 646
1978	3 867	1 972
1979	3 603	1 838
1980	3 337	1 702
Total		38 028

* These frequencies are 51 per cent of the total number of adoptions for that year, based on the knowledge that 51 per cent of all adoptions at the national level in 1979-80 were non-relative adoptions.

Source: Adapted from Australian Bureau of Statistics, 1982.

Figure 1 Comparison of applicants for adoption and children placed in Western Australia from 1972-73 to 1976-77*



* Additional criteria restricting the suitability of applicants for adoption were implemented during the year ended 30 June 1976. This resulted in a reduction in the number of suitable applicants.

Source: Adapted from Department for Community Welfare Annual Reports, 1976, 1977.

number of available children by introducing additional criteria restricting the suitability of applicants for adoption. Despite these measures, during the last ten years the number of applicants for adoption has remained in excess of the number of children available for placement (Department for Community Welfare Annual Reports 1974, 1976 and 1981). Figure 1 shows a comparison of the numbers of applicants for adoption and the number of children placed in Western Australia from July 1972 to June 1977. This imbalance of less children available for adoption and more adoptive applicants than are needed may increase, in subtle ways, the possibility that adoption workers and family might encourage single mothers to relinquish their children, regardless of the wider range of alternatives available to them.

2 A Theoretical Framework

In this chapter, we present the theoretical framework within which the study was conducted. Previous research, such as it is, has been descriptive rather than theoretically driven. Based on the conviction that there is nothing as practical as good theory, we developed a framework based on two themes: relinquishment as a loss and relinquishment as a stressful life-event.

None of the available studies reviewed which report on the reactions and/or adjustments of relinquishing mothers is empirically sound: the sample sizes were small and biased, the information was typically subjective and open to multiple interpretation and the methods of data collection were generally unsystematic (Burgess, 1980; Burnell and Norfleet, 1979; Pannor and others, 1978; Picton, 1980; Rynearson, 1982; Shawyer, 1979). None of the studies to date has operated from any systematic theoretical framework. They do however, consistently highlight key issues and themes, in particular the experience of relinquishing a child as a significant loss with reactions that appear to parallel grief reactions to other loss experiences. They consistently suggest that the sense of loss seems to continue regardless of the length of time since relinquishment.

In an American study, Pannor and others (1978) interviewed 38 relinquishing parents (36 mothers) specifically to obtain information regarding how they felt about the possibility of a reunion with their children, rather than about the emotional impact of relinquishment. One third of their sample had relinquished their children less than ten years previously, one third had relinquished 11 to 17 years before and the

remaining one third 18 to 33 years before. They found that 50 per cent reported that they continued to have feelings of loss, pain and mourning over the child they relinquished; only 30 per cent expressed feelings of satisfaction about their decision. Eighty-two per cent were interested in a reunion with their child when he/she reached adulthood, providing the adopted child wanted to meet them. Ninety-five per cent wanted the information about themselves kept by the adoption agency updated and wanted recorded the fact that they cared about the child they relinquished.

As there is so little systematic information available on the loss experienced by relinquishing mothers, it is necessary to examine loss in similar situations in order to develop a framework in which to study relinquishing mothers. The experience of the loss of a child by relinquishment most closely resembles the experience of the loss of a child by perinatal death; indeed Shawyer (1979) titled her book on relinquishing mothers *Death by adoption*. The similarities and differences between these two experiences will be discussed.

Relinquishment and perinatal death

Perinatal death and the mothers' grief reactions have been discussed, largely on the basis of clinical observation, by several authors (Drotar and Irvin, 1979; Giles, 1970; Kennell and Trause, 1978; Lewis, 1976; Lewis and Page, 1978). It is suggested that the unique features of perinatal death, compared with other loss experiences, predispose the mother to disturbed grief reactions (Drotar and Irvin, 1979; Lewis, 1976; Lewis and Page, 1978). These features are as follows:

1 The deceased child is often removed from the neonatal nursery soon after it dies, possibly encouraging families to deny the reality of the infant's existence and their own grief.
2 The bonding that occurs between a mother and her unborn child during pregnancy may result in the mother reacting to the loss of her child as if she had lost a 'part of herself' rather than the loss of a separate and unique person.
3 The grieving is usually not based on actual experiences with the deceased child but on fantasies, and only sometimes on memories of brief interaction.
4 The mothers are often overcome by feelings of guilt and shame with the sense of having failed as women.

5 The hospital often actively encourages a 'conspiracy of silence' by isolating the mothers and discouraging them from talking about their loss.

The features of the relinquishment process which generally resemble those of perinatal death described above are as follows:

1 Typically, the mother and child have had no or only minimal contact, they are usually in different locations within the hospital and the mother tends to be discharged from hospital as soon as possible after the birth.
2 In many instances the mothers have been actively discouraged from forming a relationship with their child as a separate person from themselves. Many relinquishing mothers have reported that they feel that they lost a part of themselves.
3 Many mothers relinquished their children in a social climate which was hostile toward sexual activity outside of marriage, ex-nuptial pregnancies and single motherhood, yet sanctioned the responsible role of motherhood. Relinquishing a child typically produced strong feelings of shame and guilt both because the mothers had transgressed society's norms regarding sexual behaviour, and in so doing embarrassed their families and friends, and because they had failed their child as a mother.
4 The 'conspiracy of silence' was reinforced not only by the hospital staff but also by well-meaning adoption staff, family and friends who believed that it was best for the mother to forget about her experiences and make a new start in life. Additional reinforcement for the 'conspiracy of silence' comes from traditional adoption legislation that alters birth certificates and maintains closed records, operating from the apparently incorrect assumption that the relinquishing mother wants her identity to remain a secret to her child.

The distinctive features of the loss experienced by the relinquishing mother, compared with perinatal death, are:

1 To a greater or lesser degree, the relinquishing mother feels responsible for the decision she made to relinquish her child. The loss is therefore experienced as a self-inflicted one and is often accompanied by feelings of shame, guilt and powerlessness. The mother may also feel resentful toward those whom she believes placed pressure on her to relinquish her child.

2 The child is lost to the mother but still lives. The adopted child's birth records are altered with the mother's identity replaced by the identity of the adoptive parents; in so doing, society encourages not only the practice of the adopted child being prevented from ever knowing his/her true origins, but also the public denial that the relinquishing mother has in fact, experienced a loss. Shawyer (1979) argues that the relinquishing mother's grief is unresolvable until she meets her child again.

The grief response to perinatal death

The reactions of mothers following the loss of a child have been observed to be generally similar to those reactions observed in adults following the death of a spouse (Kennell, Slyter and Klaus, 1970; Morris, 1976; Wolff, 1972). The grief process experienced by adults following the death of a spouse has been well documented and widely accepted, and can be described as follows: shock and disbelief, anger, guilt, depression and withdrawal, and finally, acceptance and resolution of the loss (Lindemann, 1944; Parkes, 1965, 1970, 1972). The typical features of a grief reaction have been summarised as follows:

- somatic complaints (e.g., loss of appetite, sleep disturbances);
- inappropriate cognitions (e.g., preoccupation with thoughts of the deceased);
- wide variety of emotional responses (e.g., guilt, anger, despair);
- disturbed behaviour (e.g., fatigue, apathy, social withdrawal and, infrequently, compulsive overactivity) (Averill, 1968; Lindemann, 1944).

Grief following perinatal death follows a similar pattern. It has also been established that a proportion of those who lose a spouse and a proportion of mothers who lose a child during the perinatal period develop pathological or maladaptive grief responses. Raphael (1975) describes pathological grief as having one of the following variants: (a) inhibited, suppressed or absent grief; (b) distorted grief (extreme anger, extreme guilt). The pathologically bereaved are usually in a state of chronic ill-health.

Cullberg (1972) interviewed 56 mothers who had experienced a perinatal death one to two years previously, in an

attempt to assess their emotional reactions to their loss. On the basis of the mothers' self-report, it was established that one third of the mothers had developed serious symptoms (psychosis, anxiety attacks, cancer phobias, obsessive thoughts and deep depression) within a few months after the death of their children. Unfortunately Cullberg (1972) relied on self-report data based on the mothers' memory. No independent assessment was made of the mothers' current state of mental health, nor was there any information available about the mothers' mental state prior to the death of their children.

Drotar and Irvin (1979) report on their clinical observations of four mothers who had experienced perinatal deaths. They suggest that disturbed maternal bereavement, the result of the unique features of perinatal death compared with other loss experiences, can have a profound and continuing influence on the mothers' relationships with surviving and/or subsequent children, and with their husbands.

Nicol (1981) conducted a more methodologically sound study of the bereavement outcomes of 110 mothers who had experienced a perinatal death 6 to 36 months previously. Twenty-one per cent of the mothers were identified as having a marked deterioration in health since the loss of their baby which was assessed by the well-validated general health inventory of Maddison and Walker (1967). The following factors were identified as being significantly related to poor bereavement outcome: (a) a crisis during pregnancy; (b) perceived unsupportiveness of husband and family; and (c) seeing, but not holding, the baby.

The few studies on relinquishment that are available and the parallels that have been drawn from a knowledge of the reactions of mothers who have experienced a perinatal bereavement, suggest that a viable and sufficiently broad theoretical framework would be one which views relinquishment as a stressful life-event, a major facet of which is loss. This framework and its associated research has provided a basis for this study.

Relinquishment as a stressful life-event

Antonovsky (1979) argues that stressful life-events, or 'stressors' are '. . . omnipresent in human experience' (p. 70). He goes on to define these events as either internal or external environmental demands which upset the person's homeostasis

to the extent that restoration depends on a non-automatic response which requires effort. The degree to which an event is stressful or not depends on the meaning of the event to the person and on their repertoire of readily available coping resources. A similar definition is that adopted by Holmes and Rahe (1967): the occurrence of an event which either evoked or was associated with significant adaptive or coping behaviour on the part of the involved person. These authors assumed that the resultant behaviour change could be measured in order to provide an index of the degree of stress experienced. The degree of behaviour change resulting from the event was considered to be the index of stressfulness, rather than whether or not its impact had positive or negative value/consequences.

The range of stressful life-events is limitless: those more commonly experienced and researched are the loss of a spouse (Maddison and Viola, 1968; Parkes, 1964; Parkes and Brown, 1972; Raphael, 1977), involuntary job disruptions (Pearlin, Lieberman, Menaghan and Mullan, 1981), separation, material loss, life-threatening illness to someone close and change of residence (Brown and Harris, 1978).

All the available evidence suggests that relinquishing a child for adoption is a stressful life-event in the sense used by Antonovsky (1979) and Holmes and Rahe (1967).

From the anecdotal reports of the experiences of relinquishing mothers, it appears that pregnancy and relinquishment are not the only stressors; other features of the relinquishment process are also inherently stressful. Many mothers in this study felt that they had to move to another town or city in order to avoid embarrassment to themselves and their family, and to escape family pressure. This often resulted in loneliness and lack of support. Wheeler (1982) in a report of a survey conducted through the New Zealand *Woman's Weekly* states that nearly 80 per cent of the sample (n = 400) felt they had to move as a result of their pregnancy, 36 per cent went to homes for unmarried mothers and 16 per cent acted as private 'home-helps', typically working long hours for low wages.

Pregnancy and birth, changes in residence and employment, reduction in income and family ostracism each constitute a stressful life-event, yet they were often experienced concurrently with relinquishment by many relinquishing mothers.

Stressful life-events and illness

The basic hypothesis of the life-events research has been that the stressful nature of the events acts as a precipitant in the development of physical and mental illness. People who are significantly depressed are, generally, more likely to have experienced a stressful life-event, compared with those who are not depressed (Brown and Harris, 1978; Pearlin and others 1981). Brown and Harris (1978) studied the onset of depressive symptomatology and the occurrence of life-events in a large sample (114 women patients and 382 normal women residing in the community) using a well-validated interview schedule. They found that only severe events involving long-term threat resulted in depression. The distinctive feature of these events was the experience of loss or disappointment concerning a person, object, role or idea (e.g., threat of, or actual separation from a key figure; an unpleasant revelation about someone close; a life-threatening illness to a close relative; an actual or threatened major loss). They found that 49 per cent of the depressed patients in their sample and 53 per cent of the significantly depressed women in the community sub-sample, had experienced such a severe event.

Loss, bereavement and health

There is consistent evidence indicating that bereavement increases morbidity. In the studies of adult conjugal bereavement, it is generally agreed that the bereaved are particularly at risk during the first year following their loss (Maddison and Viola, 1968; Parkes, 1964, 1965; Parkes and Brown, 1972).

The earliest significant work was that of Parkes (1964, 1965). The 1964 study was of 94 patients who were admitted to a psychiatric clinic within six months following the death of a parent, spouse, sibling or child. The proportion of bereaved patients was six times greater than could be expected from chance, and the incidence of affective disorders was significantly greater amongst the bereaved than the non-bereaved patients. Parkes suggested that bereavement was the causative factor in the development of these patients' illnesses. The 1965 study was of 115 bereaved persons admitted to a psychiatric clinic. In this case he concluded that persons developing mental illnesses after bereavement commonly exhibit symp-

toms which differ only in intensity and duration (rather than kind) from those symptoms exhibited in typical grief reactions.

However, these studies were retrospective, the methods of data collection were not standardised (case-notes and some interviewing) and the samples were biased (psychiatric patients).

Maddison and Viola (1968) studied the physical and mental health of 375 widows 13 months after the death of their husbands and compared their health with the health of a group of matched controls over the same period. Health was assessed by the general health inventory validated by Maddison and Walker (1967). They found that 21 per cent of their Boston sample had sustained a marked deterioration in health compared with a 7 per cent rate of deterioration for the control group. The procedure was replicated on a sample of Sydney widows, 32 per cent of whom had sustained a marked deterioration in health, compared with 2 per cent of the control group.

Parkes and Brown (1972) studied the incidence of health and emotional disturbance in a group of 65 widows and widowers all under the age of 45 who had been bereaved 14 months previously. The authors contacted bereaved persons identified by death notifications over a six month period. Of all the people contacted (309) only 30 per cent agreed to participate in the study. Subjects were demographically matched, although there was a significant difference in the current income (bereaved persons had lower incomes). It was shown that the bereaved group was distinguishable from the control group on a number of indices: increased disturbance of sleep, appetite and weight, increased incidence of depression and increased consumption of alcohol, tobacco and tranquillisers. The bereaved people were also more likely to have been admitted to a hospital during the preceding year. Follow-up two to four years later indicated that there was little difference in the health between the bereaved and control groups.

Despite methodological limitations, those studies that have specifically focused on the health of adults who have experienced the death of a spouse have reliably suggested that there is a relationship between loss and a deterioration in the health of the bereaved person during the following year. This suggests that a similar relationship might exist between the event of relinquishing a child and a subsequent deterioration in the health of the mother.

Relinquishment and health

Several studies have commented on the health of relinquishing mothers, but interpretation of the results is difficult because of the following methodological limitations:

- sample sizes are typically small;
- they have failed to use a control group or comparison statistics;
- no information is available about the health of the mothers prior to relinquishment; the studies are retrospective;
- the assessment of health is unreliable, with the result that the description of symptomatology is inadequate.

Burnell and Norfleet (1979) sent multiple-choice questionnaires to 300 relinquishing mothers who had had contact with a Californian child placement agency regarding the relinquishment of their child one to three years previously. Only 27 per cent (n = 80) of the mothers returned the questionnaires. It was found that 66 per cent of the mothers reported that they had experienced gynaecological problems, 65 per cent had experienced medical problems and 60 per cent had experienced psychiatric problems post-relinquishment. Forty per cent had experienced frequent or severe depression and 20 per cent had sought counselling or therapy for emotional problems. The absence of a control group or comparison statistics render these results difficult to interpret.

Rynearson (1982) obtained information from 20 relinquishing mothers who were all psychiatric outpatients (a small and biased sample). The fact that the women had relinquished a child was established during assessment and treatment, and did not constitute the primary complaint. The women had relinquished their children from between 15 and 19 years previously. Twelve of the women had been ascribed a diagnosis of dysthmic personality (intermittent or sustained mild depression lasting for at least two years; American Psychiatric Association, 1980). The remaining eight women had diagnoses of generalised anxiety disorder, borderline personality disorder or dependent personality disorder. Apart from statements about post-relinquishment adjustment, no further comments were made about the health status of these relinquishing mothers.

Clearly, there is a need for further investigation of the health of relinquishing mothers, with particular attention

being paid to the reliability of assessment procedures and the making of appropriate comparisons with a sample of non-relinquishing mothers.

The few studies published have assumed that any difficulties post-relinquishment are due to relinquishment. However, it may be that the relinquishing mother's health, in particular her psychological functioning, was notably impaired prior to the pregnancy/relinquishment, and in fact, was causally related to these events. This hypothesis has been the subject of research on the single mother. A brief overview of that research follows.

Single and pregnant

Interpretation of and generalisations from the numerous studies on the single mother are very difficult because of problems inherent in the quality of the research and/or the social and cultural context in which it was carried out. The studies have been typically unsystematic, biased, based on small samples and the methods of data collection have been unreliable. The samples have been drawn from populations that differ according to multiple variables (social norms, race, public hospitals/maternity homes, ethnic background) making generalisations difficult to sustain. In addition, the time span of the studies (1950s to late 1970s) has seen rapid changes in the social attitudes toward pre-marital sexual activity, the availability of contraception, single motherhood and the provision of financial assistance to single mothers.

The following variables have been suggested to be related to the experience of being single and pregnant: the loss of a parent through death or separation (Coddington, 1979; Gedo, 1965; Greenberg, Loesch and Lakin, 1959; Illsley and Thompson, 1961; Loesch and Greenberg, 1962; Swigar, Bowers and Fleck, 1976) and difficulties with schooling (Coddington, 1979). Furstenberg (1971), in contrast, suggests that the experience of being single and pregnant is a random event with no significant relationship to any of the suggested variables.

A recent London study (Kruk, 1981) of 81 single mothers and 96 married mothers made a comprehensive prospective investigation of their family backgrounds, social circumstances, general health, incidence of psychiatric problems and attitudes toward the pregnancy and the child at various stages

27.

of the pregnancy. The subjects were matched for residential status but not for age, the single mothers being significantly younger than the married mothers. The results indicate that the majority of single mothers experienced good general health (general health was measured by the consumption of regular medication, sleeping tablets and sedatives; trouble with menstruation, hypertension and weight; and the number of visits to general practitioners) and that there were no significant differences in general health between them and the married mothers. The incidence of psychiatric disorders (methods of assessment were not indicated) was not significantly different between the two groups.

Studies have also been concerned with identifying those variables which differentiate single mothers relinquishing their children from those who keep them. Again, many of the studies can be criticised for the same methodological shortcomings as have been described above. Their results are also inconsistent and inconclusive and, as MacIntyre (1977) suggests, may reflect more the caseworkers' opinions of the single mothers' decisions than the true nature of the difference between those who keep their children and those who relinquish them.

Meyer, Jones and Borgatta (1956) found that the single mothers keeping their children came from lower social classes and were more indecisive and unrealistic in their decision-making compared with relinquishing mothers. Yelloly (1965) found that the single mothers keeping their children were significantly different from those relinquishing them in that their parents' attitudes were positive, the father of the child was single and the child was the mother's first born. Similarly, Bowler (1974) found that the mothers who kept their children had positive and supportive families and had continuing contact with the child's father. O'Dea (1977) on the other hand, found no significant difference between the two groups of mothers on the following variables: age, social status, parental attitude and support, relationship with the child's father, religion, Aboriginal/non-Aboriginal and whether or not the child was the mother's first born. Grow (1979) found that a significantly higher proportion of mothers who kept their children were younger, less-educated, non-students, had known the child's father for longer and maintained contact with him and whose parents were divorced or separated. Martin, Mazurkewich and Fischer (1976) assessed a group of single

mothers on a number of psychological variables (sense of control over their lives, social desirability, submissiveness-assertiveness and adjustment) and found no significant differences in the scores of relinquishing mothers compared with those who kept their children. Finally, Straker and Altman (1979) studied a small group of single mothers (n = 27) between the ages of 17 and 25 admitted to a South African maternity hospital. The authors adopted a psychoanalytic orientation and assessed their mothers using projective techniques. They found that the 15 mothers who kept their children had identified less with traditional feminine stereotypes, had higher scores of hostility towards their mother, and a stronger need for a child who was exclusively their own than did the 12 mothers who relinquished their children.

In conclusion then, there is no satisfactory empirical evidence which supports the hypothesis that relinquishing mothers suffer from poorer physical and psychological health prior to the birth/relinquishment than do other mothers prior to the birth of their children.

Moderators of the relationship between stressful life-events and health

Although there is a stable, significant, positive relationship between the experience of stressful life-events and the presence of physical and psychological symptomatology (Brown and Harris, 1978; Maddison and Viola, 1968; Parkes and Brown, 1972), this relationship is typically weak (Rabkin and Struening, 1976). Factors affecting the strength of the relationship are as follows:

1 Methodological inadequacies such as poor measures, sole reliance on peoples' memories, sole reliance on what people say about themselves (this is particularly a problem when the person is depressed) and the unconnected use of illness as both a predictor and an outcome variable (which is likely to produce an overestimate of the size of the relationship) (Birley and Connolly, 1976; Finlay-Jones, 1981; Rabkin and Struening, 1976).
2 Subjective differences in the experiencing of events. The same event may produce different demands on coping resources and people have different coping styles in the face of a common stressor (Brown and Harris, 1978; Pearlin and others, 1981).

3 The presence or absence of social support and opportunities to express feelings (Antonovsky, 1979; Cobb, 1976; Silver and Wortman, 1980; Williams, Ware and Donald, 1981).

It is clear then, that an investigation of the health of relinquishing mothers necessitates the use of a valid and reliable measure of their health together with a comprehensive examination of those variables which are believed to moderate health and adjustment to the stressor of relinquishment.

Assessment of psychological impairment

The assessment of health in bereavement studies has been carried out mostly through the use of clinical observation, self-report data and the general health inventory developed by Maddison and Walker (1967). The general health inventory has been validated and reliable normative data exists but only for use at 13 months post-loss (Maddison and Viola, 1968; Maddison and Walker, 1967; Raphael, 1977).

This study focuses on mental health rather than physical health and uses the Goldberg General Health Questionnaire (GHQ) (Goldberg, 1972). The GHQ was designed to indicate the likelihood that an individual with a given score would be considered a non-psychotic psychiatric case if interviewed by a psychiatrist. It gives a measure of current psychological impairment. The GHQ has been validated against the judgement of psychiatrists using a standardised psychiatric interview in the United Kingdom (Goldberg, Cooper, Eastwood, Kedward and Sheperd, 1970) and in Australia (Tennant, 1977). There are four versions of the GHQ (12 item, 20 item, 30 item and 60 item) and the validity of each has been clearly demonstrated. For example, Tennant (1977) found from his validation study on a sample of general practice patients in Sydney (n = 120) that the misclassification rate for the 20 item version was 8.4 per cent, and the misclassification rate for the 60 item version was 10 per cent.

The GHQ has been successfully used in a number of studies dealing with stressful life-events. For example, Andrews, Tennant, Hewson and Vaillant (1978) studied the effects of life-event stress, coping style and social support on psychological impairment in an Australian sample (n = 863). Psychological impairment was measured by the 20 item GHQ. They

found that 34 per cent of their high stress group was psychologically impaired, compared with 18 per cent of the low stress group.

The 20 item GHQ developed by Goldberg (1972) was used in the present study to assess the current state of psychological health of the relinquishing mothers. Individual results of the administration of the GHQ to a representative sample (n = 1 228) of women from metropolitan Perth were available for matching (Finlay-Jones and Burvill, 1977). This allowed relinquishing mothers from Perth to be matched for age, marital status, occupation and country of birth with women from the representative sample of Perth. Where it was not possible to match on a given variable for a particular subject (e.g., because of insufficient subjects in the representative sample) then the value for that variable was chosen at random. Matching then proceeded using the randomly selected value and the actual values on the remaining variables. This enabled a comparison to be made of the relinquishing mothers group and a matched sub-sample of a representative sample of women from metropolitan Perth.

Variables moderating the effect of relinquishment on adjustment

Social support

Cobb (1976) defines social support as information which leads a person to believe that he or she is cared for, valued and belongs to a network of communication and mutual obligation.

The source of this information usually comes from one's family and friends (Cobb, 1976; Maddison and Walker, 1967; Silver and Wortman, 1980).

The evidence from the life-event research in general and from the studies of conjugal and perinatal bereavement in particular, confirms that the perceived availability of social support is related to the adjustment a person makes following their crisis or loss (Andrews and others, 1978; Brown and Harris, 1978; Maddison and Walker, 1967; Nicol, 1981; Pearlin and others, 1981; Raphael, 1977; Vachon, Lyall, Rogers, Freedman-Letofsky and Freeman, 1980).

Andrews and others (1978) surveyed a representative Australian sample (n = 863) in order to examine the effects of

life-event stress, coping style and social support on psychological impairment, measured by the GHQ. The social support score consisted of three variates — crisis support, neighbourhood interaction and community participation. Poor crisis support was the only variate found to be significantly related to psychological impairment. The authors found that social support had a direct, rather than mediating, effect on the relationship between life-event stress and psychological impairment. They found that one third of the psychological impairment score could be attributable to the combined effect of life-event stress, poor coping style and inadequate social support. Those subjects without stress, who coped well and had good support, had only a 6 per cent risk of psychological impairment, whereas those who were under stress, coped poorly and were without support had a 30 per cent risk of psychological impairment.

Brown and Harris (1978) found that the women in their study who were without an intimate relationship (husband or boy-friend whom they could trust and confide in) had a 10 per cent risk of breakdown in the presence of a major difficulty or severe event, while a comparable group of women who did have an intimate relationship had a 1 per cent risk of breakdown.

Pearlin and others (1981) conducted a rigorous longitudinal study of 1106 American adults aged between 18 and 65 years in an attempt to understand how life-events (that entail change and readjustment), life-strains (pre-existing chronic strains that increase a person's vulnerability to stressful events), self-concept, coping style and social support interact to form a stress process. They particularly focused on the life-event of involuntary job disruption, and identified the following stress process: the job disruptions adversely affected role strains, these then eroded positive self-concepts (self-esteem and mastery) and symptoms of stress resulted, typically depression. The authors found that the availability of social support had an indirect effect on the onset of depression in that it helped job losers avoid a depletion of self-esteem and sense of mastery rather than protecting them from economic strain and depression.

In their work with widows, Maddison and Walker (1967) found significant differences between the 'good outcome' widows' and 'bad outcome' widows' perception of their social networks. 'Bad outcome' widows perceived their environment

as unhelpful, felt that the expression of feelings about their loss was discouraged, resented attempts to have them focus on the future and experienced hostility directed toward them.

Given these variables, the authors found that they could correctly classify 15 out of 20 'bad outcome' widows. Raphael (1977) successfully used the indices of 'bad outcome' identified by Maddison and Walker (1968) to assist her in the delineation of a group of widows who were at 'high risk' of morbidity. 'High risk' subjects were randomly allocated to a control (n = 33) and an experimental (n = 31) group. The experimental group received support and were encouraged to mourn for the three months following the death of their husbands. The control group received no such intervention. All of the subjects were assessed at 13 months post-bereavement with a validated health questionnaire. There was a significant lowering of morbidity in the experimental group; 78 per cent of the experimental group proceeded to 'good outcome', compared with only 41 per cent of the control group.

Vachon and others (1980) randomly allocated widows to either an intervention group or a control group. The intervention group widows were paired with a 'widow contact' who provided emotional support and practical assistance during the two year period immediately following their husbands' deaths. The differences between the intervention and control groups on the Goldberg (1972) GHQ at 6, 12 and 24 months after bereavement suggested that all the widows followed the same course of adaptation to widowhood, but that the intervention group did so at a significantly accelerated rate.

Nicol (1981) found that the perceived lack of supportiveness of the husband and family was significantly related to a pathological bereavement outcome in her sample of mothers who had experienced a perinatal death.

Relinquishing mothers generally report that their pregnancy and relinquishment were isolated and lonely experiences, friends were often not informed and family were hurt and/or embarrassed. As was mentioned previously, the mother often moved away from her usual place of residence for the later stages of pregnancy and the birth (Beckingham, 1977; Burgess, 1980). It appears then that the relinquishment process is typically lacking in the social supports that would normally be available to pregnant women/mothers.

On the basis of a review of the literature of the relationship between social support and adjustment to loss, Silver and

Wortman (1980) suggest that misconceptions exist as to what the needs are of a bereaved person. Well-intentioned family and friends may behave toward the bereaved in ways which are actually harmful and so disturb the normal grief response in some way. For example, statements such as 'cheer-up' or 'it's not as bad as it seems', although supportive in intention, are usually unsympathetic and perceived as non-supportive. The authors suggest that social support includes the following five main components:

- expression by others of positive affect, so that the person feels cared for;
- acknowledgement of a person's beliefs, interpretations and feelings;
- encouragement of the open expression of the person's feelings and beliefs;
- providing the person with information that he or she is part of a network or support system;
- material assistance.

Similarly, Henderson (1980) suggests that it is important to identify the deficiencies of social bonds that are associated with neurotic disturbances. Knowing the elements of social bonds that are beneficial will have both curative and preventive implications for the incidence of neuroses.

It is apparent then that the perceived availability of social support can facilitate post-bereavement/post-crisis adjustment, although further investigation is necessary in order to determine which components of social support are more effective, especially as they relate to the relinquishing mother.

Expression of feelings

The opportunity for free expression of feelings is defined as having been able to talk about one's feelings and concerns, and to express the associated affect (anger, sadness, etc.) with one or more people (Raphael, 1977; Silver and Wortman, 1980).

While it is recognised that the concepts of 'social support' and 'expression of feelings' are related in that it is unlikely that one would want to express one's feelings in the presence of people who were non-supportive, it is possible that the availability of social support and the availability of opportunities for the free expression of feelings do occur independently. For example, a person may feel cared for, acknowledged by and have a sense of attachment to his or her family and friends but

the free expression of feelings may not be tolerated by them. Alternatively, a person may express anger and resentment toward someone perceived as being unsupportive and unconcerned. This distinction is similar to the one Henderson (1980) makes between the dimensions of availability and of adequacy of attachment, friendship and acquaintance. The availability of social support then, does not necessarily imply that the person experiences the support available as adequate. One aspect of adequacy in terms of support appears to be the availability of opportunities in which to express one's feelings.

Warren (1981) in a review of bereavement literature, concludes that the fullest expression of feelings and uninhibited discussion of the whole relationship with the deceased person is important in promoting a healthy resolution. Raphael (1977) conducted a therapeutic intervention program for recently bereaved widows. The widows were encouraged to talk and openly express their feelings regarding their loss. Follow-up assessment at 13 months post-bereavement found that the experimental group had a significantly better outcome on the Maddison and Walker (1967) general health inventory than did a control group of widows.

Gauthier and Marshall (1977) treated four bereaved adults who had avoided grieving for their deceased loved ones and subsequently developed pathological grief reactions. They encouraged the bereaved to imagine all of the details of the death and burial as vividly as possible and to experience the emotions realistically. All four patients improved remarkably, somatic disorders disappeared as did feelings of distress. These improvements were maintained at six month follow-up. These results, however, need confirmation in a controlled trial.

The limited data on bereavement following perinatal death are suggestive of a relationship between adjustment and the expression of feelings. Kennell and others (1970) in a study of 20 mothers who had experienced a perinatal death, found that those mothers who grieved for a longer period and more intensely had failed to communicate adequately with their husbands, or in the absence of a husband, their own mothers. Lewis (1976), on the basis of clinical experience, suggests that the well-meaning 'conspiracy of silence' when mothers are discouraged from talking and expressing their feelings, actually hinders mourning. Similarly, Helmrath and Steinitz (1978) reported that open communication between partners

and the freedom to express their feelings with each other were considered to be important factors in the grief resolution process experienced by the 10 couples in their study.

Silver and Wortman (1980) speculate as to why the expression of feelings facilitates the adjustment of the bereaved to their loss:

- catharsis, or the draining of the intensity of the feelings;
- it enables a person to receive information about the appropriateness of their feelings;
- it may facilitate active problem-solving.

Relinquishing mothers have reported, in the main, that they wanted to express their feelings but that there were very few opportunities for them to do so (Burgess, 1980). No attempt has been made to understand the nature of the relationship between the relinquishing mother's adjustment and any opportunities she may have had to express her feelings about her loss.

Other stressful life-events

The research data suggest that both the number and the magnitude of change provoked by additional concurrent stressors/crises (e.g., marital problems, financial difficulties, other losses) will affect a person's adjustment to the original stressor (Andrews and others, 1978; Brown and Harris, 1978). The magnitude of change/readjustment required as a direct result of the life-event is expressed in terms of various kinds of weighting systems. Popular systems of weighting life-events have been:

- a weight of '1' when a life-event was experienced, '0' if not experienced (e.g., Williams and others, 1981) — a system that assumes all events are equally important;
- empirically derived weights based on the regression of the dependent variables on life-events indicator variables (e.g., Williams and others, 1981) — a system that emphasises any events that relate to the outcome (e.g., illness, depression) more than others;
- subjective weighting of the Life Change Unit type (Holmes and Rahe, 1967) — a system based on what people say are the important events for them.

Williams and others (1981) found that the regression-weighted life-events procedure (the second of the three procedures listed) had greater explanatory power independent of

the other independent variables (social support and physical limitations) in the model of the relationship between life-events, social support and mental health. However, this procedure increases the likelihood that repetition of the study will find different results.

There is conflicting research evidence as to whether or not prior stressors facilitate or impede adjustment to a new crisis (Silver and Wortman, 1980). Longitudinal research is necessary in order to determine what people's reactions are to repeated life crises.

Andrews and others (1978), in their study on the effect of life-event stress, coping style and social support on the psychological impairment of representative Australian samples, found that 34 per cent of subjects with 'high stress' scores (a function of both the number of events and the amount of distress resulting from each event), were psychologically impaired (measured by GHQ) compared with only 18 per cent of the 'low stress' group. This difference is significant.

Brown and Harris (1978) found that certain factors related to social class were also related to the onset of depression. Amongst those women with children at home, working class women were four times more likely to suffer from a significant psychiatric disorder than were comparable middle class women. The authors suggest that this is because working class women experience more severe life-events and major difficulties, often simultaneously. Particularly important were problems associated with housing, finance, husband and children.

Maddison and Raphael (1975), as a result of their work on the bereavement/health outcomes of widows, believe that concurrent crises of the bereaved stretch their adaptive capacities and invariably lead to poorer outcome and health deterioration.

It has already been suggested that the relinquishment process is characterised by the experience of multiple stressors for the mother. It is therefore likely that the greater the number and magnitude of these multiple stressors superimposed on the event of relinquishment, the poorer the adjustment will be for the relinquishing mother.

Sense of loss

Reports about relinquishing mothers suggest that for some at least, a sense of loss persists long after relinquishment

(Burgess, 1980; Pannor and others, 1978; Rynearson, 1982). It appears that this sense of loss is associated with pain and mourning that either persists or is felt more severely at various times (e.g., the relinquished child's birthday, the birth of subsequent children).

Silver and Wortman (1980) reviewed studies which report that substantial proportions (e.g., they quote 81 per cent of the widows studied by Marris, 1958) of bereaved persons take longer than two years to recover, and that their sense of loss is both strong and persistent.

It is necessary to establish the pattern of sense of loss that follows relinquishment. Some relinquishing mothers report being told that their sense of loss will disappear with time, aided by events such as marriage and the birth of subsequent children. Many relinquishing mothers have reported however, that their sense of loss has in fact intensified with time and is particularly marked at certain of the child's milestones (e.g., commencement of school, transition to high school, eighteenth birthday).

Aims and hypotheses of the study

In this study, relinquishing a child for adoption has been viewed as a stressful life-event involving loss. Concepts from the literature on stressful life-events, on the relationship between life-events and health, and on the moderating effects of social support, expression of feelings, other concurrent stressful life-events and sense of loss have been applied to relinquishment in order to predict post-relinquishment adjustment. The following hypotheses were generated using this framework:

1 Relinquishing mothers will have a higher psychological impairment score, as measured by the Goldberg (1972) General Health Questionnaire, than a demographically matched sub-sample of a representative sample of women from metropolitan Perth.
2 Relinquishing mothers who report perceived availability of social support when needed, will rate their adjustment to their loss as being more satisfactory than those who report a perceived absence of social support when needed.
3 Relinquishing mothers who have had opportunities in which they could express their feelings regarding their loss

will rate their adjustment to their loss as being more satisfactory than those who have not had opportunities in which to express their feelings.

4 Relinquishing mothers whose stressful life-events were greater in number and/or greater in magnitude at the time of relinquishment (i.e., six months pre- and six months post-relinquishment) will rate their adjustment to their loss as being less satisfactory than those whose stressful life-events were fewer in number and/or less in magnitude.

5 Relinquishing mothers who report a stronger sense of loss will rate their adjustment to their loss as being less satisfactory than those who report a weaker sense of loss.

Hypotheses 2, 3, 4 and 5 were tested in terms of current self-rated adjustment and retrospective ratings of adjustment for the 12 month period after relinquishment.

3 Method

Sample

The sample consisted of 213 women who fulfilled all of the following criteria:*

- they were aged between 15 and 25 years, inclusive, at the time of relinquishment;
- they were neither married, had been married, nor in a stable de facto relationship at the time of relinquishment;
- the relinquished child was the woman's first born;
- they relinquished their child within the first three months of the birth of the child;
- they relinquished only one child.

Recruitment of relinquishing mothers

Articles describing the proposed research and requesting relinquishing mothers willing to participate in the study to contact the researchers were published in the *Woman's Day*, 27 April 1982, and the *West Australian*, 25 May 1982.

The *Woman's Day* article reappeared in *The Adoption Triangle Newsletter* (Volume 4, Number 3) in May 1982, together with a

* The selection of these criteria was based on the fact that relinquishing a child for adoption is most typical amongst single teenage mothers. Mothers who were married, younger than 15 and older than 25, or who had known their child for a reasonable length of time prior to relinquishment are likely to have experienced special problems. These mothers were not included in this general analysis of the data. A separate analysis is being undertaken in order to understand the nature of their particular experiences and needs.

footnote urging relinquishing mothers to correspond with the researchers.

The President of Adoption Jigsaw W.A. Inc. sent questionnaires to 196 relinquishing mothers registered with the organisation. A consent form and a covering letter from the president encouraging participation in the study, together with a reply-paid envelope, accompanied each questionnaire.

The Sydney-based Catholic Adoption Agency forwarded ten copies of the questionnaire to relinquishing mothers with whom they came in contact and encouraged them to participate in the study.

Associate Professor R.C. Winkler talked about this study and related studies on the ABC 'Science Show' of 13 February 1982. Forty-three women contacted the researchers as a result of the program: 21 of these women participated in the pilot testing of the draft version of the questionnaire and the remaining 22 were sent the final version of the questionnaire.

The *Woman's Day* and the *West Australian* articles, the 'Science Show' program, and the cover sheet of the questionnaire all stated that the researchers were interested in hearing from women who believed that they had made a good adjustment to relinquishment, in addition to those who believed that their adjustment was poor.

A total number of 331 relinquishing mothers received questionnaires. The 213 women who make up the final sample for this study both satisfactorily completed the questionnaire and met the criteria for inclusion in the study. The remaining 118 women either:

- did not fulfill the criteria for the study;
- returned questionnaires which were not complete;
- changed address and were untraceable when subsequent attempts to contact them were made;
- withdrew from the study after they had received the questionnaires;
- declined to complete the questionnaire but were available to be interviewed; or
- returned the questionnaires, satisfactorily completed and fulfilling the criteria, but they were received too late for inclusion in the data analysis.

Questionnaire for relinquishing mothers

A questionnaire (see Appendix 1), which will be referred to as the Questionnaire for Relinquishing Mothers, was completed by all of the 213 women.

A draft version of the questionnaire was pilot tested on 21 relinquishing mothers who contacted the researchers following the 'Science Show' talk. Seven of these women, all West Australians, were also interviewed and were able to comment on the design of the questionnaire. Some participants (relinquishing mothers, their friends and adoption personnel) of the Third Australian Conference on Adoption (Adelaide, 14-19 May 1982) also commented on the draft version of the questionnaire.

An abridged version of the Holmes and Rahe (1967) Social Readjustment Rating Questionnaire was pilot tested. A list of life-events considered relevant to the situation of relinquishing mothers was presented to women participating in the pilot study. They were asked to indicate those items which they had experienced in the six months prior to relinquishment and in the six months post-relinquishment. Those items which were reported to have occurred for the pilot test respondents became the life-event checklist included in the final version of the questionnaire.

A number of alternative methods of ascribing weights to the individual items of the life-events checklist were considered (refer to page 25 for descriptions of three methods which are commonly used). The method chosen, a variation of that used by Holmes and Rahe (1967), consists of the mean of the rank orders of each item given by a sample of judges. Seven relinquishing mothers were asked to rank the 12 items of the life-event checklist in order from the item they thought would result in the least amount of stress to a relinquishing mother (1) to the item that they thought would be the most stressful (12). The mean rankings for each item became the weighted value for that item. The sum of the weighted values corresponding to those life-events checked by each respondent is their life-event score.

Objectives of the questionnaire for relinquishing mothers

The following independent variables were measured by the questionnaire:

1 The perceived availability of social support in the 12 months following relinquishment and in the period between 12 months after relinquishment and May 1981.
2 The perceived availability of opportunities to express her feelings, both with family and friends and when alone, about the loss of her child, in the 12 months following relinquishment and in the period between 12 months after relinquishment and May 1981.
3 The occurrence and magnitude of other stressful life-events experienced in the six months prior and the six months post-relinquishment.
4 Sense of loss in the 12 months following relinquishment and in the period between 12 months after relinquishment and May 1981.

The following dependent variables were measured by the questionnaire:

1 Current state of psychological impairment. The general health questionnaire used was developed by Goldberg (1972) for the assessment of non-psychotic psychological impairment in community settings.
2 Degree of self-rated adjustment to the loss of her child both in the 12 months following relinquishment and in the 12 months from May 1981 to May 1982.

The following additional information was obtained by the questionnaire:

- relevant demographic data;
- the woman's circumstances at the time of relinquishment and the degree to which the decision to relinquish was in accordance with her wishes;
- the woman's experiences with the adoption agency and hospital;
- the woman's feelings following the loss of her child and how these feelings have changed over time;
- the woman's styles of coping with the loss of her child;
- the positive and negative aspects for the woman of relinquishing her child, and of the meaning the woman has now ascribed to her experience;
- the ways in which relinquishment has affected the woman's relationships with her partner, family and subsequent children and her emotional stability;
- the woman's suggestions for improvements to services for relinquishing mothers both pre- and post-relinquishment.

Procedure

Questionnaire

All the women who responded to the articles in the *Woman's Day*, the *West Australian*, and *The Adoption Triangle Newsletter* by volunteering to participate in the study were sent a questionnaire and a reply-paid envelope.

A questionnaire, consent form, reply-paid envelope and a covering letter encouraging participation in the study were sent by the president of Adoption Jigsaw W.A. Inc. to relinquishing mothers registered with that organisation. Those women willing to participate in the study returned completed questionnaires and consent forms.

A questionnaire, consent form and reply-paid envelope were given to relinquishing mothers with whom the Catholic Adoption Agency's (Sydney) Social Worker came in contact. Similarly, those women willing to participate in the study returned completed questionnaires and consent forms.

Interview

The majority of the women who consented to being interviewed were contacted by the female researcher in order to arrange a convenient interview time. The interviews were held in either the interviewee's home, another place of her choosing, or at Fairway House, depending on her preference. All the interviews were conducted by the female researcher and whenever possible, the following standard procedure was maintained:

1 Initially, interviewees were advised that the purposes of the interview were to validate the information obtained by questionnaire and to provide opportunities for the interviewee to relate aspects of her experiences which were not adequately covered in the questionnaire. They were reassured that strict confidentiality was being maintained.
2 It was acknowledged that the topic was a very sensitive one and that the needs of the interviewee took priority over the need of the interviewer to follow a standard procedure.
3 The interviewee was asked to talk about the relevant circumstances relating to the conception and pregnancy, for example, relationship with her child's father, reason(s) for not seeking a termination of pregnancy, reaction of family, disruption to employment.

4 Subsequent questioning followed the format prescribed in the interview schedule.

In the event that an interview did not proceed in the standard manner, no interview schedule was completed and descriptive notes only were taken.

The time taken for the structured interview ranged from one hour to three and a half hours. Upon completion of the interview the purposes of the study were reiterated, confidentiality was again assured and the interviewee was thanked for her cooperation.

Data analysis

The data were analysed using the Statistical Package for the Social Sciences (SPSS) (Nie, Hull, Jenkins, Steinbrenner and Bent, 1975). A substantial portion of the analyses include the calculation and testing of correlations. Unfortunately, it is never possible to obtain error free estimates of correlations. Consequently, there is always the danger of reporting a correlation that is more due to chance than to anything we, as researchers, may be interested in. This problem has been tackled primarily by splitting the total sample into various sub-samples and then repeating our correlational calculations and tests within each sub-sample. Hence, throughout the Results section (below) emphasis is focused on the ability to replicate findings from one sub-sample to another. In particular, analyses are carried out on both a Western Australian sample and a National sample (all States other than Western Australia). For the correlational analyses the total sample is split in two other ways. One comparison is between those mothers who were members of an adoption organisation and those mothers who were not members of an adoption organisation. The other division of the total sample into two subsamples is entirely random. Exploratory use of multiple regression analysis provided a calculation of an estimate of how much the multiple correlation coefficients could be augmented due to chance and was also used to provide a cross-validation check on our data. Cross-validation was performed on two randomly chosen sub-samples and determined how well the data from one sample could predict the data in the alternate sample, and this was compared with how well the regression model could predict data within the same sample.

4 Results

Outline

Results are reported in four main sections. In each section quantitative results are presented separately for the Western Australian and National samples. Results are presented for the National sample first and the Western Australian sample, in brackets, second.

1 A general description of the sample is presented, including demographic data, information about the number of years since the mothers relinquished their children and self-rated adjustment scores.
2 An analysis of the degree of consistency between the information obtained from the questionnaires and that obtained from the interviews is presented.
3 The effect of relinquishing a child for adoption on the mothers' psychological functioning, compared with a matched group of women from the general community, is presented from an analysis of responses to the General Health Questionnaire.
4 Analyses of those variables which were hypothesised to affect the relinquishing mother's adjustment to her loss are reported. Each analysis is presented in two forms: quantitative and qualitative. Qualitative data are included to provide a clearer picture of the experience of the relinquishing mother.

A final section reports analyses relating to changes in sense of loss and adjustment.

1: General description of sample

Demographic data

Details of the women's age are set out in Table 2.

Table 2 Distribution of age

Group	*Age range*	*National* %	*West Aust.* %
1	15-19	0.9	1.0
2	20-24	13.0	4.1
3	25-29	20.9	11.2
4	30-34	24.3	28.6
5	35-39	23.5	23.5
6	40-44	7.0	19.4
7	45-49	4.3	9.2
8	50+	6.1	3.1

Of the women in the sample 61.7% (69.4%) were married, 5.2% (12.2%) were divorced, 20% (8.2%) were single, 7% (6.1%) were separated and 3.5% (1.0%) were widowed. The remaining 2.6% (3.1%) described their marital status as 'other'.

Details of the women's occupational groupings and areas of residence are presented in Tables 3, 4 and 5.

Table 3 Distribution of occupational groupings: total sample

Group	%
unskilled	9.2
semi-skilled	7.4
skilled	—
clerical/sales	18.0
managerial/professional	14.2
home duties	49.0
unemployed/student	2.1
didn't specify	.4

Table 4 Distribution of State of residence: total sample

State	%
NSW	23.9
Vic	8.9
Qld	10.8
SA	6.6
WA	45.6
Tas	4.2

Table 5 Distribution of areas of residence: Western Australia

Area	%
metropolitan	74.5
South-West	4.0
South-East	8.2
Goldfields	5.1
Central Coastal	4.1
North-West	3.1
didn't specify	1.0

Number of years since relinquishment

Details of the number of years since the women relinquished their children are set out in Table 6.

Table 6 Distribution of number of years since relinquishment

Group	*Range of years*	*National* %	*West Aust.* %
1	0-4	13.0	1.0
2	5-9	13.9	7.1
3	10-14	27.0	28.6
4	15-19	21.7	31.6
5	20+	24.3	31.6

Current age and the number of years since relinquishment were highly correlated (r = .96 (.95)) due to the criteria for selection into the sample.

Adjustment

Efforts were made to recruit women with a range of adjustments to relinquishment. As Table 7 shows, they rated their adjustment for two periods, the first 12 months after relinquishment (Adjustment$_1$), and the 12 month period from May 1981 to May 1982 (Adjustment$_2$).

The range of ratings is reasonably distributed indicating that the recruitment goal was achieved.

Membership of adoption organisations

Another recruitment strategy was to contact women who did not belong to an adoption organisation. Of the total sample, 44.8 per cent did belong to an adoption organisation and 55.2

Table 7 Distribution of adjustment ratings

Period	(not at all)	1	2	3	4	5	(extremely well)
				Rating			
Adjustment$_1$							
National		12.4	19.5	33.6	20.4	14.2	
West Aust.		9.4	18.8	33.3	25.0	13.5	
Adjustment$_2$							
National		13.0	15.0	23.0	21.0	28.0	
West Aust.		6.2	12.4	24.7	35.1	21.6	

per cent did not. This distribution indicates that this recruitment goal was achieved.

Relinquishment as a stressful life-event

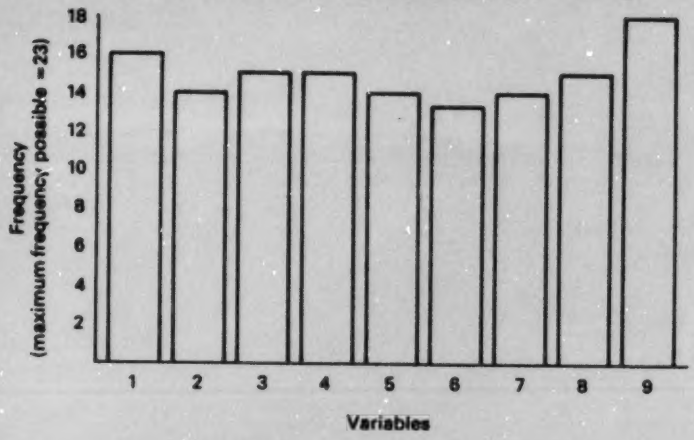
The theoretical model for this study assumed that relinquishment was a stressful life-event. The respondents were asked to rate the severity of stress they experienced as a result of having relinquished their child compared with other major events in their life (a rating of '5' corresponded to 'the most stressful thing I have ever experienced'). The mean rating was 4.25 with a standard deviation of .95 (Western Australian sample). Fifty-three per cent of the Western Australian respondents and 58.8 per cent of the National sample reported that the relinquishment of a child was the most stressful thing they had ever experienced.

2: Questionnaire: interview consistency

The interviewer rated how she thought the respondent would have scored on key variables, given the information elicited during the interview. The interviewer then noted whether the interview-rated score was 'greater' than, 'less' than or 'consistent' with the respondent's self-rated score on the relevant items of the questionnaire. Figure 2 shows the distribution of the number of times the interviewer's ratings on key variables was consistent with the respondents' ratings. From 56.5 per cent to 78.3 per cent of the interviewer's and respondents' ratings were consistent (median = 65.2 per cent, n = 23).

The interviewer also rated the degree to which information recorded in the questionnaire was generally consistent with what had been learned during the interview on a four point

Figure 2 **Distribution of the number of times the interviewer's ratings on key variables were consistent with the respondents' ratings**



Variable 1 Adjustment$_1$ (Question C3)
2 Adjustment$_2$ (Question G6)
3 Social Support$_E$ (Question C4)
4 Social Support$_S$ (Question G1)
5 Expression of Feelings$_E$ (Question C5)
6 Expression of Feelings$_S$ (Question G2)
7 Sense of Loss$_E$ (Question C8)
8 Sense of Loss$_S$ (Question G5)
9 Degree of stress experienced, compared with other stressful life-events (Question D2)
($_E$ = in the 12 months following relinquishment; $_S$ = in the period between 12 months after relinquishment and the last year.)

scale (a rating of '4' corresponded to 'completely consistent'). The mean rating was 3.09 with a standard deviation of .60 (n = 23).

3: Psychological impairment of relinquishing mothers

The women completed the General Health Questionnaire (GHQ), a measure of psychological impairment, and the scores of the Western Australian sample were compared with the scores of a matched sub-sample of a representative sample of women from metropolitan Perth. Table 8 presents the means and standard deviations of the GHQ scores for the Western Australian relinquishing mothers group and the comparison

Table 8 Means ($\bar{X}$) and standard deviations (SD) of the GHQ for the relinquishing mothers group and the comparison group

Group	*n*	$\bar{X}$	*SD*
Relinquishing mothers	79	40.38	10.16
Comparison	79	34.86	7.61

Table 9 Analysis of variance of GHQ scores for the relinquishing mothers group and the comparison group

Source of variation	*Sums of squares*	*d.f.*	*Mean squares*	*F*
Between groups	1203.14	1	1203.14	14.94*
Within groups	12566.08	156	80.55	
Total	13769.22	157		

*$p < .0002$

group. Table 9 shows that the GHQ scores for the two groups are significantly different. The relinquishing mothers have higher psychological impairment scores than do the women in the comparison group.

Although the comparison sample was not matched with the National sample, the National sample data are consistent with the Western Australian/comparison difference in that the mean GHQ score for the National sample was 42.7 (SD 11.1), somewhat higher than the Western Australian sample mean.

The correlation between the GHQ scores and Adjustment, was −.45 (−.48 WA) (a common variance of 20 (23) per cent). The negative correlation reflects the fact that higher GHQ scores correspond to greater psychological impairment whereas higher adjustment ratings correspond to better self-rated adjustment to relinquishment.

The GHQ scores of those women from the total sample who reported that they had either no sense of loss, or at most, a weak sense of loss in the period from 12 months after the relinquishment to May 1981 ($n = 39$) were compared with the GHQ scores for those women from the total sample who reported that their sense of loss was extremely strong in the same period ($n = 39$). An analysis of variance showed that there was a significant difference ($p < .005$) between those two groups. Those women who had no or a weak sense of loss had significantly lower psychological impairment scores ($\bar{X} = 35.97$, $SD = 4.48$) than did the women whose sense of loss was extremely strong ($\bar{X} = 43.11$, $SD = 12.47$).

Illustrative qualitative comments from relinquishing mothers are as follows:

Effect of relinquishment on general health and psychological functioning

- I think about it [relinquishment] constantly. I sleep poorly and I have periods of terrible depression when I just can't cope with life.
- With each later pregnancy, the feelings I had with the first come back and leave me feeling very depressed.
- For five years I was in a state of physical and emotional shock. I made a number of attempts on my own life before I conceived another child. I am still under psychiatric care and still suicidal.
- Over the years I have been fighting mental illness, I have had a number of stays in psychiatric clinics: at times I've been suicidal. This is all related in some way to the loss of my child.
- Although I've been suicidal and depressed, I don't believe I'm mentally unbalanced — just a woman who has suffered and is still 'paying the price'.
- Now that we are married, we can't conceive. I'm paying the price for giving away my chance of becoming a mother.

4: Variables moderating the effect of relinquishment on adjustment

Correlation tables

This study aims to examine hypotheses about relationships between the factors social support, expression of feelings, sense of loss and stressful life events with self-rated adjustment to relinquishment. These hypotheses have each been explicitly stated earlier in this report and are hypotheses 2,3,4 and 5 in the section titled 'Aims and hypotheses of the study'. Each hypothesis is examined, in turn, under headings below. But first, to recapitulate, hypothesis 2 is that perceived availability of social support will be high when adjustment to loss is rated as more satisfactory and low when adjustment is rated as less satisfactory. In short, the prediction is of a reliable positive correlation between the variables of social support and adjustment to relinquishment. Hypothesis 3 predicts a reliable positive correlation between the number of opportunities in which the relinquishing mothers could express their feelings

regarding their loss and adjustment to relinquishment. Hypothesis 4 predicts that the higher the weighted number of stressful life events reported by the mothers around the time of relinquishment the less satisfactory will be their adjustment ratings and vice-versa. This is a prediction of a reliable negative correlation. Finally, hypothesis 5 predicts a reliable negative correlation between strength of sense of loss and post-relinquishment adjustment.

Table 10 shows the correlations of self-rated adjustment to relinquishment during the 12 month period after relinquishment (Adjustment$_1$) with the following independent variables for both the first 12 months following relinquishment and for the subsequent period to May 1981: Life Event Score, self-rated Social Support, Expression of Feelings, and Sense of Loss. These correlations are presented for each of six subsamples (National, Western Australian, Members of an Adoption Organisation, Non-members of an Adoption Organisation, Random Half × 2), together with the total sample. Similarly, Table 11 shows the correlations of self-rated adjustment to relinquishment during the subsequent period to May 1981 (Adjustment$_2$) with the same Life Event Score, Social Support, Expression of Feelings and Sense of Loss measures in Table 10. In other words, Table 10 presents the analyses for Adjustment$_1$ and our ability to predict it from the above mentioned independent variables (for both time periods), while Table 11 presents the same analyses for Adjustment$_2$.

Before proceeding to a detailed presentation of the results pertaining to each of the hypotheses to be tested, three general comments are made. First, the pattern of correlations across all sub-samples are exactly as predicted by the hypotheses. For example, note that all correlations in both tables have the hypothesised sign. Second, the differences between the subsamples is most often greatest between the two random samples (six occasions). The correlations for the split according to whether respondents were in the National or the Western Australian sample are most different on only four occasions and the correlations for the split according to organisational membership are most different on three counts. Hence we may conclude that, overall, the differences between the National and Western Australian samples, and the differences between samples discriminated on the basis of organisational membership, are no greater than what we discover between two random samples. Third, note that the least stable

Table 10 Correlations[1] of Adjustment$_1$ with Life Event Score, Social Support, Expression of Feelings and Sense of Loss

	All respondents (N=248±9)[2]	*National sample (N=132±8)*	*West Aust. sample (N=115±1)*	*Members of adoption organisation (N=111±3)*	*Not members of adoption organisation (N=135±6)*	*Random first sample (N=112±5)*	*Random second sample (N=135±5)*
Life Event Score	−.15^{NS}	−.16*	−.13^{NS}	−.17*	−.16*	−.15^{NS}	−.16*
First 12 months after relinquishment							
Social Support$_E$	.36***	.38***	.35***	.30***	.35***	.31***	.40***
Expression of Feelings$_E$	.33***	.36***	.31***	.20*	.35***	.19*	.43***
Sense of Loss$_E$	−.56***	−.61***	−.50***	−.52***	−.53***	−.47***	−.62***
Subsequent period to May 1981							
Social Support$_S$	.32***	.33***	.32***	.24**	.31***	.31***	.33***
Expression of Feelings$_S$	.26***	.36***	.14^{NS}	.16^{NS}	.30***	.22*	.29***
Sense of Loss$_S$	−.51***	−.52***	−.49***	−.31***	−.54***	−.38***	−.58***

1 All correlations are rounded to two decimal places.

2 Sample sizes change slightly from one correlation to another because of missing data. The range for N is given by the plus or minus sign.

NS Not significant
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Table 11 Correlations[1] of Adjustment$_2$ with Life Event Score, Social Support, Expression of Feelings and Sense of Loss

	All respondents (N=240±2)[2]	*National sample (N=123±2)*	*West Aust. sample (N=116±1)*	*Members of adoption organisation (N=109±2)*	*Not members of adoption organisation (N=128±1)*	*Random first half (N=107±1)*	*Random second half (N=132±2)*
Life Event Score	−.05^{NS}	−.04^{NS}	−.06^{NS}	−.09^{NS}	−.04^{NS}	−.03^{NS}	−.07^{NS}
First 12 months after relinquishment							
Social Support$_E$	.37***	.44***	.28***	.35***	.33***	.21*	.49***
Expression of Feelings$_E$	.35***	.43***	.24**	.36***	.28***	.21*	.44***
Sense of Loss$_E$	−.40***	−.48***	−.32***	−.36***	−.34***	−.37***	-.42***
Subsequent period to May 1981							
Social Support$_S$	.37***	.39***	.35***	.37***	.32***	.30***	.44***
Expression of Feelings$_S$	.37***	.44***	.28***	.39***	.33***	.31***	.42***
Sense of Loss$_S$	−.55***	−.51***	−.48***	−.42***	−.54***	−.47***	−.60***

1 All correlations are rounded to two decimal places.

2 Sample sizes change slightly from one correlation to another because of missing data. The range for N is given by the plus or minus sign.

NS Not significant
* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

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correlations appear to be those between Expression of Feelings$_S$ and Adjustment$_1$ (Table 10). Here, two of the sub-samples, the Western Australian sample and the Members of an Adoption Organisation sample, show non-significant correlations whereas other sub-samples have highly significant ($p < 0.001$) correlations for the same two variables. Each of the hypotheses to be tested is examined below. The particular correlations for the National and for the Western Australian samples are presented again, but in separate tables as each hypothesis is discussed.

Social support

The women were asked to rate the perceived availability of support to them from their family and friends during the 12 month period after they relinquished their child (question C4, Social Support$_E$) and during the subsequent period from 12 months after relinquishment to May 1981 (question G1, Social Support$_S$). Table 12 shows that there are significant correlations between the perceived availability of social support and

Table 12 Product-moment correlations for Social Support and self-rated Adjustment to relinquishment

	Social Support	
Adjustment	*Social Support$_E$*	*Social Support$_S$*
Adjustment$_1$		
National	$r = .38$ $(p < .001)$ $R^2 = .14$	$r = .33$ $(p < .001)$ $R^2 = .11$
West Aust.	$r = .35$ $(p < .001)$ $R^2 = .12$	$r = .32$ $(p < .001)$ $R^2 = .14$
Adjustment$_2$		
National	$r = .44$ $(p < .001)$ $R^2 = .19$	$r = .39$ $(p < .001)$ $R^2 = .15$
West Aust.	$r = .28$ $(p < .001)$ $R^2 = .08$	$r = .35$ $(p < .001)$ $R^2 = .12$

self-rated adjustment to relinquishment throughout the post-relinquishment period.

The correlation between Social Support$_E$ and Social Supports$_S$ was .77 (.62).

Illustrative qualitative comments from relinquishing mothers are as follows:

a The availability of social support in the first 12 months after relinquishment

- My boyfriend and I had agreed to separate — I was alone. In fact, I've never felt so alone, before or since.
- I was shattered, my whole world seemed to fall in around me. I was very lucky I had a very loving and understanding mother and father — they wanted only what would make me happy and were prepared to help me.
- I really don't know how I would have coped if I didn't have friends and family to whom I could go — and on whose shoulders I could cry.
- I did have a couple of very loyal and caring friends who I could rely on for support and understanding.
- I don't have any feelings of guilt or regret, and I think I owe that mainly to my parents who stood by me the whole time and gave me their love and support.
- I had support from my family and boyfriend — I don't feel badly.

b The availability of social support subsequent to the first 12 months after relinquishment

- I know if it hadn't have been for my wonderful husband and his family, I would not have been able to live with the fact that I had given up my baby. I can talk and cry about it with them.
- I have a couple of very dear friends who are understanding: my husband is also wonderful in this regard — he knew from the beginning of our relationship and has always been very compassionate.
- I feel concerned that there may be women who have had similar painful experiences and have not had the same access to such caring and professional support.

Expression of feelings

The women were asked to rate the degree to which opportunities were available to them when they could talk freely with other people and express their feelings both during the 12 month period after they relinquished their child (question C5, Expression of Feelings$_E$) and the subsequent period from 12

Table 13 Product-moment correlations for Expression of Feelings and self-rated Adjustment to relinquishment

Adjustment	*Expression of Feelings*	
	Expression of Feelings$_E$	*Expression of Feelings*$_5$
Adjustment$_1$		
National	r = .36 (p < .001) R^2 = .13	r = .36 (p < .001) R^2 = .13
West Aust.	r = .31 (p < .001) R^2 = .10	r = .14 (p < 0.05) R^2 = .02
Adjustment$_2$		
National	r = .43 (p < .001) R^2 = .17	r = .44 (p < .001) R^2 = .19
West Aust.	r = .24 (p < .001) R^2 = .12	r = .28 (p < .001) R^2 = .08

months after relinquishment to May 1981 (question G2, Expression of Feelings$_5$). Table 13 shows that, except for the Western Australian sample correlation between Expression of Feelings$_5$ and Adjustment$_1$, there is a signficant positive correlation between Expression of Feelings and Adjustment.
The correlation between Expression of Feelings$_E$ and Expression of Feelings$_5$ was .59 (.59).

The respondents were asked whether or not they wanted to talk and express their feelings during both the first 12 months after relinquishment (question C6(i)) and the subsequent period from 12 months after relinquishment to May 1981 (question G3(i)). For the earlier period 78.8 (68.4) per cent indicated that they did want to express their feelings, 11.5 (21.2) per cent indicated that they did not want to express their feelings, and 8.8 (10.5) per cent indicated that they did not know whether or not they wanted to express their feelings. For the subsequent period, 91 (77.6) per cent indicated that they did want to express their feelings and 7.9 (22.4) per cent indicated that they did not.

Those respondents who did want to express their feelings were asked to rate the degree to which they were able to

express their feelings on a five point scale (a rating of '5' corresponded to 'as much as I needed') (questions C6(ii) and G3 (ii)). Table 14 shows that for both periods, the women felt unable to express their feelings.

Table 15 shows that very strong relationships exist between the degree to which opportunities were available for the expression of feelings and the degree to which the women were able to express their feelings during both periods (12 months after relinquishment and the subsequent period to May 1981).

Table 14 The relationship between ability to express feelings during the early and subsequent post-relinquishment periods

	n	$\bar{X}$	*SD*
First 12 months after relinquishment			
National	91	2.50	1.34
West Aust.	73	1.24	1.73
Subsequent period to May 1981			
National	91	1.96	1.26
West Aust.	73	1.23	2.16

$t = .12$ (90 d.f.) $p > .20$
$t = .22$ (72 d.f.) $p > .20$

Table 15 Product-moment correlations for the availability of opportunities in which to express feelings and the ability to express feelings

First 12 months after relinquishment	
National	$r = .81$ $R^2 = .66$ $(p < .001)$
West Aust.	$r = .83$ $R^2 = .69$ $(p < .001)$
Subsequent period to May 1981	
National	$r = .86$ $R^2 = .74$ $(p < .001)$
West Aust.	$r = .84$ $R^2 = .71$ $(p < .001)$

Illustrative qualitative comments from relinquishing mothers are as follows:

a The expression of feelings during the first 12 months after relinquishment

- Every time I tried to talk I was told that it was all in the past, my life had begun again. I was more confused than ever when no one would let me talk.
- I was very depressed for quite some time after the adoption of my son. I thought about him often and cried for hours on end.
- I left the hospital without any counselling. I had very few friends left: no one wanted to talk about how I felt.

b The expression of feelings subsequent to the first 12 months after relinquishment

- When I was about to marry my husband I told him about my child — he forbade me to ever mention him again. I have had to keep all my feelings to myself and it hurts like hell at times.
- Instead of crying about what I did, I tell people now and that helps a great deal.
- In the 10 years since 'the adoption' I have never had a shoulder to cry on — I wonder if I would if I could find one. I do wish I lived near you though, so that I could finally let it all out and rid myself of this total inadequacy I feel as a wife, mother and human being.
- I am very lucky because I have a great mum that I can talk to — I've never had to bottle things up.
- To this day neither I nor my parents talk on the subject.

In summary then, the results suggest the following pattern:

1 The expression of feelings relates to a more satisfactory Adjustment$_1$ and $_2$ particularly when the feelings were expressed within the first 12 months after relinquishment.
2 A majority of respondents indicated that while they wanted to express their feelings regarding the loss they were not able to; this inability was stronger in the earlier post-relinquishment period.
3 There is a strong relationship between the availability of opportunities for the expression of feelings and the relinquishing mothers' ability to do so.

Other stressful life-events

The women were asked to indicate which of the life-events listed in the life-event checklist they had experienced in the six month period prior to relinquishment and in the six month

period after relinquishment (question D1). Table 16 shows that the relationship between Life Event Score and Adjustment is very weak, but negative as predicted, and the only significant relationship is with $Adjustment_1$ in the National sample.

Illustrative qualitative comments from relinquishing mothers are as follows:

The nature of other stressful life-events experienced

- The father cleared off when I was about five months. My parents weren't told until the last stages: after all the upsets I went to Sydney where my child was adopted out.
- I was placed in a Catholic institution when I was four months pregnant where I worked very hard in the nursery and kitchen, scrubbing floors, preparing bottles, etc.
- I was 18 years old, single and couldn't tell my family — so left work and went to Sydney until the baby was born.
- When I discovered that I was pregnant I resigned from my profession — claiming that I hated it which was in fact quite the opposite to how I felt. I then went interstate to a place where I knew no one.
- I had in fact a triple loss: the man I loved who couldn't handle it all, my baby and my family (who rejected me because of it all).

Sense of loss

The women were asked to indicate to what degree they experienced a sense of loss during the first 12 months after they relinquished their child (question C8, Sense of $Loss_2$) and

Table 16 Product-moment correlations for Life Event Score and self-rated Adjusted to relinquishment

		Adjustment	
		$Adjustment_1$	$Adjustment_2$
Life Event Score	National	$r = -.16$ $(p < .05)$ $R^2 = .03$	$r = -.04$ $(p < .05)$ $R^2 = .00$
	West Aust.	$r = -.13$ $(p < .05)$ $R^2 = .02$	$r = -.06$ $(p < .05)$ $R^2 = .00$

Table 17 Product-moment correlations for Sense of Loss and self-rated Adjustment to relinquishment

Adjustment	*Sense of Loss*	
	Sense of Loss$_E$	*Sense of Loss$_S$*
Adjustment$_1$		
National	$r = -.61$ $(p < .001)$ $R^2 = .37$	$r = -.52$ $(p < .001)$ $R^2 = .27$
West Aust.	$r = -.50$ $(p < .001)$ $R^2 = .25$	$r = -.49$ $(p < .001)$ $R^2 = .24$
Adjustment$_2$		
National	$r = -.48$ $(p < .001)$ $R^2 = .23$	$r = -.61$ $(p < .001)$ $R^2 = .37$
West Aust.	$r = -.32$ $(p < .001)$ $R^2 = .10$	$r = -.48$ $(p < .001)$ $R^2 = .23$

Note: The negative correlations are due to reverse scoring.

during the subsequent period between 12 months after relinquishment and May 1981 (question G5, Sense of Loss$_S$). Table 17 shows that Sense of Loss and Adjustment are negatively correlated, as predicted, and that within both the National and Western Australian samples the correlations are all significant with $p < 0.001$. The correlation between Sense of Loss$_E$ and Sense of Loss$_S$ was .53 (.79).

Illustrative qualitative comments from relinquishing mothers are as follows:

- **The experience of a sense of loss in the first 12 months after relinquishment**
- The tears flowed in gallons and the heartache lingered long: but time itself, has been a good healer.
- I felt so empty, so alone, my world shattered when I was discharged from hospital. I felt that I had nothing to live for, I tried to forget by turning to drink; finally I tried to take my life.
- When I gave my child up, I was very depressed for quite some time. I thought of him often and cried for hours.

- Never a day went by, for at least three or four years after he was born, when I didn't think of him. Every time I talked about him, tears came to my eyes.

b The experience of sense of loss subsequent to the first 12 months after relinquishment

- I suppose that I have never really recovered from the loss.
- Nothing could ever replace the agony of those lost years — part of me is dead.
- It was not until the birth of my second child, also a boy, that I was overcome by the vast sense of loss associated with my first baby.
- I feel that I have to try and do something to relieve the awful feelings of loss, loneliness and emptiness that have been with me for such a long time and intensified with the birth of my other children.
- I do not feel the loss as much now that I have had other children of my own.
- I'm seeing a social worker about me losing my baby. I can't cope, and don't think I will ever be able to, until I see my child again.

Further regression analyses

The independent variables Social Support, Expression of Feelings and Sense of Loss tend to be highly intercorrelated. In order to illustrate the degree of this interdependency, the correlations for both the National sample and the Western Australian sample are presented in Appendix 2. Given these high intercorrelations (e.g., correlations as high as .79) and the absence of a precise causal model for our data, the need to combine the independent variables in the form of a multiple regression equation to predict $Adjustment_1$ and $Adjustment_2$ is mitigated. Curiosity demanded that some multiple regressions be performed in any case but, as we had suspected, once a variable had been entered into the prediction equation with any stepwise regression procedure, the addition of the other variables provided little elevation of predictive power (i.e., small increases in R^2). For example, Table 17 shows that the simple correlation between Sense of $Loss_E$ and $Adjustment_1$ for the National sample is -.61. When a multiple regression was carried out on this data with the addition of Social $Support_E$, Expression of $Feelings_E$ and Life Event Score as predictors, the multiple regression coefficient, R, was raised to only .67 (R^2 changed from .37 to .46).

Although this particular multiple regression applies to a restricted set of independent variables and only one sub-sample, the same pattern of one variable accounting for most of the predictable varience (usually Sense of Loss or Social Support) with the other variables accounting for a small additional proportion, was found for all the many exploratory multiple regressions that were performed.

Two randomly chosen sub-samples were each analysed in terms of, first, how well the predictors Life Event Score, Social $Support_E$, Expression of $Feelings_E$ and a Sense of $Loss_E$ could predict $Adjustment_1$ and $Adjustment_2$ and, second, how well the predictors Social $Support_S$, Expression of $Feelings_S$ and Sense of $Loss_S$ could, together, predict the two adjustment measures, $Adjustment_1$ and $Adjustment_2$. For each multiple R^2 an adjustment to R^2 was computed to remove an estimate of the amount of R^2 that may be due to chance capitalisation. This procedure is available in the standard SPSS program (Nie and others, 1975). Furthermore, cross-validation was performed for the two sub-samples using the regression equation derived from one sample to predict the $Adjustment_1$ or $Adjustment_2$ scores in the alternate sample. The nearer the extrapolated R^2 value is to the R^2 calculated within the one sub-sample, the greater our confidence in the stability of R^2 across various samples. All of the results from these calculations are presented in Appendix 3.

Appendix 3 illustrates two points. First, note that the amount of reduction in R^2 required due to adjustments for chance capitalisations is, at most, .02. Second, the R^2 values, obtained when a regression equation from one sub-sample was extrapolated to predict the Adjustment variable in the alternate sample, are all within .06 of the R^2 value derived from one sub-sample, where the independent variables and predictions are for the same respondents. Indeed, the prediction of $Adjustment_1$ from independent variables pertaining to the subsequent relinquishment period to May 1981 is as powerful from one sample to the other as in either of the samples predicting themselves.

Towards resolving the loss — information, searching and reunions

Qualitative comments from the women in the study strongly suggest that sense of loss is diminished by information about the relinquished child:

- I have registered with the New South Wales contact register, have a few unidentifying details and now feel a whole lot more at ease.
- I have begged and pleaded with the adoption agency to give me some information — is my daughter well, alive, does she perhaps need me? I have registered my name in the hope that she or her parents will eventually register and we can be reunited.
- After 11 years I contacted the adoption agency — they told me about the adoptive parents and the family life that my son is now sharing (all non-identifying of course). I used to wonder, worry and cry: now that I know he is well adjusted and content, I no longer worry.
- The feeling of loss has been strong for 18 years — it was as though she died only worse, she was out there somewhere. I don't even have the right to wonder or ask how she is. Well, law or no law, I do wonder, cry and ask. Happily, last year, I gained information which led me to her name and then place of address. That information has released within me so much bottled up bitterness and anxiety that I feel that I am now beginning to adjust. I have made no move to contact or see her, because I feel that it would not be fair to the adoptive parents and emotionally very disturbing to her. All I can hope for, is that one day she will start to look for me and I will be there.

5: Other analyses

Changes in sense of loss and adjustment

Forty-five (48) per cent of the respondents reported that their sense of loss had intensified over the period since relinquishment to the present; 36.7 (38) per cent reported that their sense of loss had weakened; 11.9 (10) per cent reported that their sense of loss had disappeared; and 6.4 (3) per cent reported that their sense of loss had remained the same.

As an internal consistency check a one-way Analysis of Variance was used to assess the relationship between reported changes in sense of loss (increased or diminished) and the differences between the Sense of $Loss_E$ and Sense of $Loss_S$ ratings, with a correction for the size of the earliest Sense of Loss rating.

$$\frac{\text{Sense of Loss}_E - \text{Sense of Loss}_S}{\text{Sense of Loss}_E}$$

Table 18 presents the means and standard deviations for the differences between the Sense of Loss ratings for those women who reported an 'Intensified' Sense of Loss and for those who reported a 'Diminished' Sense of Loss. Table 19 shows that the differences between the Sense of Loss ratings are consistent with the respondents' reported changes in sense of loss. The mean for the differences between the Sense of Loss ratings for the 'intensified' group is significantly less than the mean for the 'diminished' group.

A one-way Analysis of Variance was also used to assess the relationship between reported changes in Sense of Loss ('intensified' and 'diminished') and the differences between the $Adjustment_1$ and $Adjustment_2$ ratings, with a correction for the size of the initial Adjustment rating.

Table 18 Means ($\bar{X}$) and standard deviations (SD) of the differences between the sense of loss ratings for the 'intensified' and 'diminished' Sense of Loss groups

Group	*n*	$\bar{X}$	*SD*
Intensified			
National	46	−.15	.66
West Aust.	42	−.05	.28
Diminished			
National	44	.15	.33
West Aust.	46	.13	.21

Table 19 Analysis of variance of the differences between the sense of loss ratings for the 'intensified' and 'diminished' Sense of Loss groups

Source of variation	*Sum of squares*	*d.f.*	*Mean squares*	*F*
Between groups				
National	2.02	1	202	7.34*
West Aust.	.72	1	72	11.88†
Within groups				
National	24.25	88	.28	
West Aust.	5.20	86	.06	
Total				
National	26.27	89		
West Aust.	5.92	87		

*$p < .008$
†$p < .001$

$$\frac{\text{Adjustment}_1 - \text{Adjustment}_2}{\text{Adjustment}_1}$$

Table 20 presents the means and standard deviations for the differences between self-rated adjustment to relinquishment for those women who reported an 'intensified' Sense of Loss and for those who reported a 'diminished' Sense of Loss during the post- relinquishment period. Table 21 shows that the differences between the Adjustment ratings are significantly different for the 'intensified' and 'diminished' Sense of Loss groups. The results show that Adjustment has improved with the passage of time for both the 'intensified' and 'diminished' Sense of Loss groups. However, for the 'intensified' Sense of Loss group the improvement in Adjustment has been less than the improvement in Adjustment for the 'diminished' Sense of Loss group. (The larger the size of the negative difference score, the greater the improvement in adjustment.)

Table 20 **Means ($\bar{X}$) and standard deviations (SD) of the difference between the adjustment ratings for the 'intensified' and 'diminished' Sense of Loss groups**

Group	*n*	$\bar{X}$	*SD*
Intensified			
National	45	−.12	.64
West Aust.	44	−.14	.62
Diminished			
National	43	−.52	.89
West Aust.	45	−.35	.47

Table 21 **Analysis of variance of the differences between the Adjustment ratings for the 'intensified' and 'diminished' Sense of Loss groups**

Source of variation	*Sum of squares*	*d.f.*	*Mean squares*	*F*
Between groups				
National	3.66	1	3.66	6.15*
West Aust.	1.02	1	1.02	4.16†
Within groups				
National	51.24	86	.60	
West Aust.	21.30	87	.25	
Total				
National	54.90	87		
West Aust.	22.32	88		

*$p < .015$
†$p < .044$

Table 22 shows that there is little difference in the mean ratings of Sense of $Loss_5$ as the number of years since relinquishment increases.

A series of one-way Analyses of Variance were used to assess whether $Adjustment_2$ and Sense of $Loss_5$ were affected by either the respondents' current age or the number of years since relinquishment. Neither of these variables were significantly affected by age or years since relinquishment in either the National or Western Australian samples.

Some respondents reported an intensified sense of loss over time and others a diminished sense of loss, but the mean ratings for the entire sample do not reflect any change in the Sense of Loss ratings as the number of years since relinquishment increases.

Table 22 Means ($\bar{X}$) and standard deviations (SD) of Sense of $Loss_5$ for number of years since relinquishment: Western Australian sample

Group	*n*	$\bar{X}$	SD
0-9 years*	8	3.12	1.64
10-14	27	3.41	1.31
15-20	30	3.70	1.09
20+	30	4.07	1.11

*The original groups 0-4 and 5-9 years were collapsed because the cell sizes were too small for statistical analyses.

5 Discussion

1: Self-rated adjustment of respondents

Recruitment strategies in this study aimed to find women with good and poor adjustment outcomes and to contact women outside adoption organisations. These recruitment aims were satisfied and explain why this study differs from Shawyer (1979) who concentrated on those with poor outcomes. The normal distribution of outcomes also permitted maximal opportunity for finding predictors of good and poor outcomes. The mode and range of self-ratings of adjustment to relinquishment indicated that long-term adjustment to relinquishment is not always negative as is implied by Shawyer (1979) but varies according to approximately a normal distribution of good and poor outcomes.

2: Relinquishment as a stressful life-event

The majority of respondents reported that, compared with other stressful life-events, relinquishing their child was the most stressful event they had ever experienced. Many added that the stress of relinquishment was long-lived. These results confirm that the assumption of the theoretcial model for this study, that relinquishment was a stressful life-event, is valid.

3: Relinquishment and psychological impairment

a Psychological impairment in relinquishing mothers

The first aim of this study was to investigate the effect of relinquishment on the adjustment of the relinquishing mother. The Goldberg (1972) General Health Questionnaire (GHQ) was chosen to assess the degree of psychological impairment experienced by the Western Australian sample of relinquishing mothers compared with a sub-sample of a representative sample of women from metropolitan Perth, matched for age, marital status, occupation and country of birth. It was shown that the relinquishing mothers do have a significantly higher psychological impairment score, as measured by the GHQ, than did the comparison group, and that this was significantly related to the relinquishing mother's sense of loss.

This result appears to confirm the suggestion of both Burnell and Norfleet (1979) and Rynearson (1982) that there is a relationship between relinquishment and impairment in psychological functioning.

This result also appears to be consistent with the findings of studies which have investigated the relationship between stressful life-events, including loss, and illness. These studies have confirmed that the stressful nature of the events precipitates the development of physical and mental illness (Brown and Harris, 1978; Maddison and Viola, 1968; Parkes and Brown, 1972; Pearlin and others, 1981). Each of these studies focused on the effects on health in the early post-stress periods (i.e., up to four years later). In this study, however, the assessment of psychological functioning was not limited to a specific post-relinquishment time period. Brown and Harris (1978) found that a significant proportion of the women in their study who had experienced either a loss or a severe disappointment within the previous 12 months subsequently became depressed. Parkes and Brown (1972) found that their bereaved group (widows and widowers less than 45 years of age) suffered from increased somatic disturbances, were more depressed and consumed more alcohol, tobacco and tranquilisers 14 months after the death of their spouse, than did a matched control group.

The results of the comparison between relinquishing mothers and matched controls need to be interpreted with caution. The difference found may not be due to the relinquishment but other factors, for example, the mother's adjustment before relinquishment. However, the results from other aspects of the study, such as the relationship between sense of loss and adjustment outcomes, suggest that relinquishment is likely to have largely contributed to the difference found. This interpretation is strengthened by the fact that sense of loss was significantly related to psychological impairment.

Future research should: (a) be prospective in order to take into account the mothers' state of health pre-relinquishment and examine the effect on health as time since relinquishment progresses, (b) use comprehensive assessment procedures which would investigate the effect of relinquishment on both physical and psychological health, and (c) use matched groups of single mothers who do not relinquish their children and married mothers, in order to check that the effect on health is not due to the mothers' single marital status or their young age. Brown, Adams and Kellam (1981) found that teenage single motherhood increases the probability of poor long-term psychological adjustment. This may be sufficient to explain the relatively poor adjustment of relinquishing mothers in this study.

b Relationship between GHQ and Adjustment$_2$

The common variance between the mothers' self-rated current adjustment to relinquishment, and their GHQ scores is 23 per cent, indicating a reasonably strong relationship. While the adjustment rating is specific to relinquishment, the GHQ score is a general measure of psychological functioning. It may be that adjustment to relinquishment is contributing to the general adjustment difficulties of the woman who relinquished her child some years ago. It may also be the case, however, that a woman who has difficulties with psychological adjustment (unrelated to relinquishment) will experience additional difficulties as a result of relinquishing her child for adoption. The knowledge (a) that relinquishing a child for adoption was the most stressful life-event experienced by the majority of relinquishing mothers in this study, and (b) that half of the mothers experienced a persistent and strong sense of loss after

relinquishment suggests that it is likely that adjustment to relinquishment has contributed to the general difficulties of relinquishing mothers.

4: Variables moderating the effect of relinquishment on adjustment

The second aim of this study was to investigate the relationship between adjustment to relinquishment and those factors which a life-event stress model suggests would moderate the adjustment outcome. In accordance with the general model, the following variables were found to be related to the relinquishing mothers' adjustment to the loss of their children: (a) perceived availability of social support from family and friends, (b) availability of opportunities in which they could talk freely and express their feelings, and (c) the experience of a sense of loss. However, no substantial relationship was found to exist between a final predictor, the experience of other stressful life-events around the time of relinquishment, and adjustment.

a Social support

The relinquishing mother's perceived degree of social support available to her from her family and friends was shown to be significantly related to her subsequent adjustment to relinquishment. The relationship between the perceived availability of social support during the 12 month period after relinquishment and both short and long term adjustment was strong for the National sample. The relationship between the availability of social support during the subsequent period from 12 months after relinquishment to May 1981 and adjustment for the period May 1981 to May 1982 was also strong and was consistent over both samples.

These results suggest that continuing social support (not just social support shortly after relinquishment) is important in facilitating adjustment.

Previous research in other areas of life-event stress suggest that the availability of social support is especially important during the first 12 months after relinquishment. Andrews and others (1978) found that the availability of crisis support rather than other forms of social support (the degree of neighbourhood interaction and the degree of community participation)

had a significant effect in reducing the amount of psychological impairment experienced by their subjects who had been exposed to stressful life-events during the previous 12 months. Similarly, the availability of an intimate partner (husband or boy-friend), with whom trust and confidentiality was established, reduced tenfold the risk of breakdown in the presence of a major difficulty or severe event during the previous 12 months for the women in the Brown and Harris (1978) study.

These results are also consistent with the results of studies which investigated the relationship between social support and the bereavement outcomes of adults who had lost either a spouse or child (Maddison and Walker, 1967; Nicol, 1981; Raphael, 1977; Vachon and others, 1980).

However, each of the studies cited has focused only on the initial post-bereavement period. The subsequent availability of social support was not investigated. With relinquishment, the need for social support is likely to be long lasting since the relinquished child has a continuing presence for the mother. As the years pass and the mother grows older and knows the child may have grown up, the need to know the lost child becomes pressing in a new way. Relinquishment is a particularly lingering loss.

In the present study, the common variance for the perceived availability of social support for the first 12 months and the subsequent period from the first 12 months after relinquishment to May 1981 was 38 per cent for the Western Australian sample and 59 per cent for the National sample. It is possible that this result is inflated because of the bias inherent in the retrospective nature of this study (e.g., those who perceived the degree of support available to them from their family and friends as small for the earlier period may be biased to report the same for the later period). Nevertheless, this result does suggest that those women who report having had little early support also report not having subsequent support available to them, while those who do have early support tend also to have subsequent support available to them. This may reflect the mother's coping strategy, e.g., 'I bear this load by myself', which could produce a sense of aloneness or it could indicate that even if she wished for support, it remains unavailable.

Social support may operate in various ways to moderate the effect of relinquishment. Pearlin and others (1981) found that the availability of social support had an indirect effect on the onset of depression. Social support helped job losers avoid a

depletion of self-esteem and mastery rather than directly protecting them from financial difficulties and depression. It seems that the moderating effect of social support is either negligible or remains unnoticed in the absence of a stressful life-event, and that its availability is more apparent during periods of stress. Henderson (1980) found that availability and adequacy are two distinct dimensions of social support, i.e., it is not just the availability of someone to talk with but the sympathy and ability to listen they can offer. Silver and Wortman (1980) also analysed social support into various components: reassurance that the person is cared for and part of a social network, acknowledgement of their beliefs and feelings, encouragement for the open expression of feelings and material assistance.

The measure of social support in the present study was crude in its failure to make these distinctions in type of support. Further research which would include analyses of both the various components and the mechanisms of social support, is needed in order to supplement the present study.

b Expression of feelings

The availability of opportunities in which the relinquishing mother could talk freely and express her feelings about the loss of her child was shown to be positively related to her subsequent adjustment. For the National sample, this relationship was positive at a consistent level for both short- and long-term adjustment. Both early and late expression of feelings predicted short- and long-term adjustment at similar levels. For the Western Australian sample, this was not the case. Expression of feelings during the first 12 months after relinquishment was significantly related both to self-rated adjustment to relinquishment for the same period and later adjustment for the period from May 1981 to May 1982. Subsequent expression of feelings was not as reliably related to early adjustment.

The general pattern of these results is consistent with the findings of intervention programs with bereaved adults and with clinical observations of mothers who have experienced the loss of a child through perinatal death. The bereavement outcomes of the widows who participated in Raphael's (1977) intervention program and received support and were encouraged to mourn (i.e., talk and openly express their feelings regarding their loss) were significantly better than those who

did not receive such support and encouragement. Similarly, Gauthier and Marshall (1977) found that encouraging their four bereaved adults to vividly imagine all the details of the loss of their loved ones and to experience the associated emotions realistically, resulted in marked improvements.

Although the present study clearly differentiates between social support and the expression of feelings, it is difficult to ascertain in the Raphael (1977) and Gauthier and Marshall (1977) studies whether the provision of support per se, or only the encouragement and opportunity to mourn, facilitated the bereavement outcomes. The clinical observations of Kennell and others (1970), Lewis (1976) and Helmrath and Steinitz (1978) are consistent with the finding that the expression of feelings about her loss facilitates the mother's grief resolution, a finding which parallels that of the present study.

Although there was some evidence to suggest that expression of feelings in the 12 months immediately following relinquishment is more important than later expression, the results suggest that the expression of feelings remains an important determinant of adjustment for some time after the relinquishment. Again, this may be an artifact of retrospectivity, but it may also suggest that (a) readiness to talk may be delayed but when it is talked through at a later stage, it remains important, (b) with the passage of time, new feelings emerge which need to be talked through as much as the initial reactions. The high correlation between early and late expression of feelings suggest (b) may be the more likely of these alternatives.

There was a strong relationship in both samples between the availability of opportunities for the expression of feelings and the relinquishing mothers' ability to do so. This relationship suggests that (a) if opportunities are available then the relinquishing mother will express her feelings, (b) if she has a need to express her feelings then she will create the opportunities in which to do so, or (c) if she was unable to express her feelings then she perceives that no opportunities were available to her. It was also found, however, that a strong significant relationship existed between the perceived availability of social support and the availability of opportunities in which to talk and express feelings. This suggests (a) rather than (b) or (c) is a more likely description of the nature of the relationship between these variables.

This suggestion gains further support from the finding that the majority of relinquishing mothers did want to express their

feelings but were not able to do so. So, although these results confirm the distinction between the 'availability' and the 'adequacy' of support from a person's primary group (Henderson, 1980), they do suggest that for the relinquishing mother, the availability of opportunities for the expression of feelings is closely linked to her ability to do so. The need to express their feelings was strongly felt by relinquishing mothers. For the majority, however, this need remained unmet.

c Other stressful life-events

No strong relationship was found in either sample between adjustment and the experience of stressful life-events, other than relinquishment, in the six months prior and the six months post-relinquishment. Although significant for the National sample, the relationship between the relinquishing mothers' Life Event Score and Adjustment for the 12 month period after relinquishment was very weak for both samples. There was no relationship between Life Event Score and Adjustment for the period May 1981 to May 1982 for either sample.

These results are not consistent with the results of other studies which have examined the outcomes of stressful life-events. For example Andrews and others (1978) found that their subjects who had experienced a greater number and/or more distresssing life-events had a significantly greater psychological impairment score than did those who experienced fewer and/or less distressing events. Similar results were found by Brown and Harris (1978). Nicol (1981) found that a reported crisis during the mother's pregnancy was the most significant variable related to pathological bereavement outcome following a perinatal death.

It is possible that there is no, or at most only a slight, relationship between the relinquishing mothers' Life Event Score and Adjustment. It is also possible, however, that the life-event checklist and the weightings for the individual items used in this study were not sensitive enough to detect that a relationship did, in fact, exist between these variables. In a review of studies that attempted to show that life-events are a cause of depression, Finlay-Jones (1982) has pointed out that a standardised personal interview of the type Brown and Harris (1978) devised, is superior to life-event checklists with respect to reliability and validity. The respondents in the present study

received no prompting and had to rely solely on their memory in order to determine which of the events in the checklist they had experienced (the majority relinquished more than 10 years before). The checklist was, of necessity, concise and was not representative of all the events that could have occurred to the sample being studied (many respondents indicated on the questionnaire that they had experienced stressful life-events other than those listed). In addition, the system of weighting the items of the life-event checklist was crude; either the rank ordering of the items should have been performed by a larger sample of judges, or an alternative system of weightings could have been used (e.g., empirically derived weights based on the regression of adjustment on each item of the life-event checklist).

In future research it will be necessary to use a more valid and reliable measure of the occurrence of other stressful life-events in order to determine whether or not they impede adjustment to relinquishment.

d Sense of loss

The relinquishing mother's experience of a sense of loss was shown to be significantly related to her adjustment to relinquishment. Strong relationships were found for (a) Sense of Loss during the first 12 months after relinquishment and Adjustment for the same period (both samples), (b) Sense of Loss during the subsequent period from the first 12 months after relinquishment to May 1981 and Adjustment for the period from May 1981 to May 1982 (both samples), and (c) early Sense of Loss and Adjustment for the period from May 1981 to May 1982, for both samples but particularly so for the National sample. Those relinquishing mothers whose sense of loss was strong have generally adjusted less well to relinquishment.

These findings are consistent with the clinical observations of Burgess (1980), Pannor and others (1978) and Rynearson (1982) that the mothers' sense of loss can persist long after relinquishment.

Silver and Wortman (1980), from their review of the sense of loss experienced by bereaved persons, also note that a substantial proportion of bereaved people experience a strong and persistent sense of loss for periods longer than two years. The mother's sense of loss and her subsequent grief resolution

following perinatal death are said to be related to the nature and extent of contact she had with her child around the time of birth/death (Drotar and Irvin, 1979; Giles, 1970; Kennell and Trause, 1978; Lewis, 1976; Nicol, 1981).

It is likely that the nature and extent of the contact that the relinquishing mother had with her child prior to their separation may influence her sense of loss and her adjustment to relinquishment. This is the subject of another report, based on the same samples studied for this report.

Changes in sense of loss: The relinguishing mothers were asked about any changes in their sense of loss that they had experienced: 45 per cent of the National sample and 48 per cent of the Western Australian sample reported that their sense of loss had intensified, 36.7 (38) per cent reported that their sense of loss had weakened, 11.9 (10) per cent reported that their sense of loss had disappeared 6.4 (3) per cent reported that their sense of loss had remained the same. There were no significant differences in the mean ratings of Sense of Loss for either sample as the number of years since relinquishment increased.

These reported changes in the relinquishing mothers' sense of loss were shown to be consistent with the differences between the early and subsequent sense of loss ratings. This internal consistency check suggests that at least the self-report data on sense of loss are reliable.

It was also shown that the improvement in adjustment over time for the group of relinquishing mothers who reported that their sense of loss had intensified was less than the improvement in adjustment for the group who reported that their sense of loss had either weakened or disappeared. This result confirms the correlational relationship between Sense of Loss and Adjustment and gives some support to the notion that it is sense of loss which determines self-reported adjustment to the relinquishment.

The mothers reported that their sense of loss fluctuates and is typically felt most severely on the relinquished child's birthday, on the birth of subsequent children and on the attainment of certain milestones (e.g., first day at school, turning 18 years of age). Subjective reports indicated that changes in the relinquishing mothers' experience of a sense of loss over time are related (a) to a lack of knowledge about the outcome of the adoption placement, (b) to a lack of information about the

development and progress of their child, and (c) to increasing hopes that they will be reunited with their child. These hopes strengthen as the child gets older, but are only rarely realised given that searching is made extremely difficult by past and present adoption practice and legislation. A sample of comments* made by relinquishing mothers in regard to their sense of loss are as follows:

- My sense of loss has intensified — especially since the time draws nearer when he may look for us.
- My sense of loss is worse now that she has reached her teens — have things worked out for her? I wonder if she thinks that I don't love her and if she will want to meet me one day.
- My urge to see and know him is much stronger now than it used to be. Is he alive and well? I want to let him know why I had to give him up.
- It would be bliss to know that he was well and happy. If only they could give us some information from time to time — no names.

These subjective comments support the views of Picton (1980), Shawyer (1979), and Sorosky and others (1978). Sorosky and others (1978) reported that the large majority of birth parents who participated in their study wanted their child to know that they still cared about him/her and also wanted to know what kind of person their child had grown to be. Both Picton (1980) and Shawyer (1979) suggest that the loss of a child through relinquishment is an unresolvable one, at least until some information is obtained about the fate of their child and at best, until the mother and her child are reunited.

Although the relationship between sense of loss and adjustment has been clearly established, there is little systematic knowledge of changes in the relinquishing mothers' sense of loss or in those other factors which are likely to moderate the relinquishing mothers' sense of loss. One possible factor -- the degree of contact the mother has with her child prior to relinquishment — is the subject of a separate study. Another important factor is the effect of information the mother may eventually obtain about the outcome of the placement and the

* These comments were selected from a range of comments. The main criteria for selection were the clarity with which thoughts and feelings were expressed, and their apparent representativeness of the experience of the relinquishing mothers who provided subjective information in their questionnaires.

well-being of her child. This information may range from non-identifying information to reunion with her child. The effect on sense of loss and adjustment to the relinquishment may or may not vary as a function of whether the news about her child is 'good' or 'bad', and whether the child relates 'well' or 'poorly' to the mother.

Critical discussion

The results of this study must be interpreted with some caution for a number of reasons.

Sample bias

Three sources of sample bias were apparent:

1 All the relinquishing mothers in this study were volunteers and, in the main, responded to either an article in the *Woman's Day* magazine, an article in the *West Australian* newspaper or a questionnaire that was sent to them because they were on the register of Adoption Jigsaw W.A. Inc. Volunteer subjects may differ markedly from the relinquishing mothers who did not volunteer to participate in this study. Consequently, the generalisability of results to the total population of relinquishing mothers is limited. The results are consistent with other investigations of relinquishing mothers, but these also used volunteers.

When the correlations between the predictor variables and Adjustment were compared for members of an adoption organisation verses non-members of an adoption organisation, there was less of a difference between these two groups than between two randomly chosen sub-samples. The National sample and the Western Australian sample were also more similar to each other than the two randomly chosen samples. Most of the significant sample correlations appear to be highly stable across the various sub-samples. The least stable, and therefore perhaps the greatest source of error due to sample bias, were the correlations between Expression of Feelings$_5$ and Adjustment$_1$. It is interesting to note that one of the places where the correlations between these two variables change is in whether or not the respondents were members of an adoption organisation.

2 The errors due to chance capitalisations were estimated to be small in our exploratory multiple regressions (none

greater than .02 of the R^2 calculations). Furthermore, if the standard multiple regression within either of the two random samples can be considered some baseline for minimal predictive error, then the attempts to predict one sample from the alternate sample's multiple regression equation were highly successful. None of the cross-validations yielded R^2 values that differed from the standard within sample R^2 by more than .06. One cross-validation showed no loss of predictive power. Therefore, the level of prediction of adjustment to relinquishment from the independent variables used in this study should be maintained if Adjustment ratings were to be predicted in some similar study. However, even though the results from these multiple correlations may be highly replicable, a serious problem of interpretation remains due to the high degree of intercorrelation between predictors, for example, especially Expression of Feelings and Social Support.

3 The majority of the respondents relinquished their children more than ten years ago. Possible explanations as to why so few mothers who recently relinquished their children failed to volunteer to participate in this study are (a) they have no desire or need to think or talk about their experience in the first ten year period post-relinquishment, (b) they have young families who draw their attention away from the fact that they have relinquished a child, (c) the experience of relinquishment may have been different for the younger mothers than for the older mothers (e.g., reasons for relinquishment are likely to have changed with time; coercion to relinquish may be less) and this affects their interest in participating in a study, and (d) fewer mothers have relinquished children in the most recent ten years compared with earlier times. Factors (a) to (c) may affect the responses to relinquishment indicated by the present study.

Retrospective design

This study was retrospective rather than prospective, and cross-sectional rather than longitudinal. The respondents were required to rely on memory and it is well known that the reliability of recalled information deteriorates as the length of time since the event increases. The common variance between the early and subsequent values of a given variable is likely to have been inflated because of the perceptual bias involved in

reflecting on earlier experiences. Finally, no reliable measure of the mothers' health prior to relinquishment was obtainable, nor was it possible to reliably assess the effect of relinquishment on health and adjustment at various stages of post-relinquishment.

Validity and reliability of the questionnaire

Questionnaires are notorious for the incompleteness and often misleading information they provide. The experience of the relinquishing mother cannot be captured completely and may not be captured accurately by questionnaire. To assess the possibility that the questionnaire used was providing valid and reliable information, checks were carried out.

1 A sub-sample of relinquishing mothers was interviewed. In addition to providing qualitative information, the interviews were designed to give an indication of the degree of consistency between what the respondents reported in the questionnaire and what the interviewer understood them to have reported in the interview. The interviewer was not always blind as to the respondent's ratings despite the fact that every effort was made by the interviewer to make independent judgements. The degree of agreement between the questionnaire ratings and the interview ratings on relevant items ranged from 56 per cent to 78 per cent; the median was 65 per cent. The interviewer's mean rating for the overall degree of consistency of the information from questionnaires and interviews was 3.1 on a four point scale. An examination of the disagreement between the respondents' and the interviewer's ratings showed that the respondents tended to make lower ratings on key variables than did the interviewer, i.e., either the respondents underrated their responses, the interviewer over-estimated the respondents' responses, or both response patterns were operating.

2 An internal consistency check determined that two different measures of the same variable produced consistent results. A one-way Analysis of Variance showed that the differences between the Sense of $Loss_E$ and Sense of $Loss_S$ ratings were consistent with the respondents' reported changes in their sense of loss (i.e., intensified or diminished).

Implications for adoption practice

The results of this study have broad implications for changes to adoption practice that may benefit not only those mothers who will relinquish children in the future, but also mothers who have relinquished children in the past. The following suggestions are supported by the results:

1 In view of the detrimental effect of relinquishment on the mothers' psychological functioning and the lack of opportunities for the expression of feelings available to them, there is a need for the provision of support and/or counselling facilities for many mothers who have relinquished children in the past.

2 There is a need for the provision of services (support, assistance and counselling) to mothers around the time of relinquishment, where these do not already exist. These services must incorporate a recognition of the experience of relinquishment, the needs of the mother for support and her need for opportunities in which she can talk and express her feelings. Family, friends, relinquishing mothers themselves, professionals and para-professionals are all potential sources of support and encouragement for active grieving. They should be aware, if they are not already, of the need to be available to the relinquishing mother. Similarly, the relinquishing mother should be made aware of the availability of these services.

3 In order for the strong and persistent sense of loss experienced by many relinquishing mothers to dissipate and be prevented from occurring for those mothers who will relinquish children in the future, the following changes* would appear to be helpful: (a) a periodic release of non-identifying information by adoption agencies about the placement and the child's progress, (b) changes to adoption legislation that will allow adoptees to have access to their original birth certificates (allowing them to be reunited with their birth parent(s) if they so desire), (c) the establishment of official contact registers which will facilitate reunions, and (d) changes to adoption legislation that will allow the introduction of alternatives to the current traditional system of

* The suggested changes to adoption practice are made primarily on the basis of information from the experience of relinquishing mothers. It is appreciated, however, that any change in adoption practice and legislation must consider the needs of each of the three parties to the adoption process.

'closed adoptions'. For example, Sorich and Siebert (1982) describe the practice of 'open adoption' as the meeting of relinquishing parent(s) and adoptive parents; identifying information is exchanged and the terms for the exchange of on-going information should this be desired by both parties, are specified in a written contract. The authors report that 'open adoption' and other placements which make provision for the exchange of non-identifying information are gaining acceptance in the United States of America as viable alternatives to 'closed adoptions'.

The relinquishing mothers themselves had an opportunity to make suggestions as to the services they believed should be available to them, both pre- and post-relinquishment. Their suggestions included:

1 Pre-relinquishment: counselling which allowed the mother to explore all of the options available to her; full explanations of adoption procedure, adoption law and her rights as a mother and relinquishing mother; placing them in contact with both single and relinquishing mothers; preparation for the possible effects of relinquishment.
2 Post-relinquishment: support, both practical (e.g., employment, accommodation) and emotional, for as long as the mother needs it; a counselling service, specifically for relinquishing mothers regardless of how long ago they relinquished their child; self-help support groups; on-going non-identifying information about their child; automatic availability of all the documents they signed.
3 Legislative reform: contact registers; semi-open and open adoption; access to original birth certificates for adoptees.

Future research

Those aspects of the experience of relinquishing a child for adoption which were highlighted in this study as requiring further investigation are:

1 The health of the mother. Future research should be prospective in order to assess the state of health of the mother prior to and after relinquishment. Comprehensive measures of health (e.g., physical and psychological functioning) and control groups of non-relinquishing single and married mothers should be used. More attention should be focused

on the changes in health that occur for relinquishing mothers in the earlier post-relinquishment periods.

2 The mechanism of social support and the expression of feelings, in order to understand how these variables operate to moderate the effect of relinquishment on adjustment.

3 The predictors and moderators of the relinquishing mother's experience of a sense of loss, including contact with her child prior to separation, the availability of different types of post-relinquishment information about the child, whether or not a reunion with the child has taken place, and what transpired at the reunion.

4 The experience of other stressful life-events and their effect on adjustment to relinquishment. Future research should use both a valid and a reliable measure of the occurrence of stressful life-events, (e.g., Brown and Harris' (1978) standardised interview) and a sensitive and reliable system of weighting each life-event.

5 The effect of variables not investigated in this study (e.g., coping strategies, personality style, hospital experiences) which could moderate the effect of relinquishment of adjustment.

Appendices

Appendix 1 Questionnaire for relinquishing mothers

THE UNIVERSITY OF WESTERN AUSTRALIA
Department of Psychology

NUMBER _____

QUESTIONNAIRE FOR RELINQUISHING MOTHERS

The purposes of this project are to provide reliable information about the experiences of mothers who have relinquished a child for adoption, how these experiences change over time, and to look closely at why some mothers find it difficult to come to terms with their loss, whilst others make a good adjustment. This information will help form guidelines for counselling future mothers who will place their children for adoption

The information which you will provide will be dealt with in a strictly confidential manner, and will only be identifiable by a code number, never by name. We are interested in the general pattern of responses, and the results will be reported in a general statistical form.

This questionnaire will cover a variety of topics: non-identifying personal information; your experiences at the time of, and since relinquishment; your health; and factors such as social support, expression of feelings, sense of loss and the occurrence of other life stresses. Because we do not know

about the full range of mothers' reactions, we have to ask you about a lot of things; in doing so, however, we do not want to suggest that you should have reacted in any particular way. People's reactions are very different.

If you feel that the questionnaire did not provide enough opportunities for you to record your story, additional information is welcomed — please feel free to provide as much descriptive information you think is necessary.

Thank you for agreeing to participate in our project. Your help will, we are sure, go towards improving services for mothers who relinquish a child in the future.

Yours sincerely

Robin Winkler
Associate Professor of Psychology

Margaret van Keppel

STRICTLY CONFIDENTIAL NUMBER: _____

SECTION A

We require a few personal details, which will in no way identify you, but rather, will provide us with information about the group of people who have agreed to participate in our study.

1. What is your age? _____

2. What is your present marital status?
   (1) single
   (2) separated
   (3) widowed
   (4) divorced
   (5) married
   (6) other (specify) _____

3. What is the postcode of the suburb you live in? _____

4. (a) Are you employed at present?
   Yes ☐ No ☐

(b) If yes to 4(a), what is your current occupation?

_____

5. In what country were you born? _____

SECTION B

In this section, we would like to ask you some questions about the baby you placed for adoption and your experiences at that time. (If you relinquished twin babies, please answer the questions in the same way, substituting 'babies' for 'baby' and 'children' for 'child').

1. When was your baby born?

   month _____ year _____

2. When did you place your baby for adoption?

   month _____ year _____

3. Was the child you placed for adoption your:

   (1) first born
   (2) second born
   (3) third born ☐
   (4) other (specify)? _____

4. At the time that you placed your child for adoption were you:

   (1) single
   (2) married
   (3) in a stable defacto relationship
   (4) separated ☐
   (5) divorced
   (6) widowed

5. Did you have:

   (1) a boy
   (2) a girl ☐
   (3) don't know?

6. (i) Did you receive any counselling before you placed your child for adoption?

Yes ☐ No ☐

(ii) If yes to 6(i), to what degree was this counselling helpful to you in your decision to place your child for adoption?

1	2	3	4	5	
not at all helpful	a little	moderate	consider-able	very helpful	☐

7. Who organized your adoption?

(1) doctor
(2) hospital
(3) lawyer
(4) private adoption agency ☐
(5) government adoption agency
(6) other (specify) _____

8. (i) Did you consider changing your mind after you gave consent?

Yes ☐ No ☐

(ii) If yes to 7(i), how long after?

_____

(iii) If yes to 7(i), why did you consider changing your mind?

_____

_____

If you did not relinquish your child soon after birth, please disregard questions 8 to 13 (inclusive).

9. Please rate the degree to which you were satisfied with your experiences in hospital:

1	2	3	4	5	
Not at all satisfied	little	moderate	consider-able	completely satisfied	☐

Give details: _____

_____

10. (i) Did you see your baby? Yes ☐ No ☐
    (ii) If yes to 10(i), how often?
    (1) once
    (2) twice
    (3) three times ☐
    (4) more than three times
    (iii) If yes to 10(i), did you hold your baby? Yes ☐ No ☐
    (iv) If yes to 10(i), did you feed your baby? Yes ☐ No ☐

11. Did you name your baby? Yes ☐ No ☐

12. With regard to contact with your baby:

    (1) were you advised to have contact
    (2) were you advised against having any contact
    (3) were you prevented from having any contact ☐
    (4) had no choice but to have contact
    (5) completely my decision whether I did or did not have any contact?

    Comments: _____

    _____

    _____

13. Looking back, do you

    (1) regret having had contact with your baby
    (2) regret *not* having had any contact with your baby
    (3) have no regrets about having had contact with your baby ☐
    (4) have no regrets about not having had any contact with your baby?

    Comments: _____

    _____

    _____

14. For what reason(s) did you place your child for adoption? Please check each statement that was true for you.

(1) I was too young ☐
(2) I was too old ☐
(3) my physical health ☐
(4) my emotional health ☐
(5) my finances ☐
(6) I was single ☐
(7) the wishes of my mother ☐
(8) the wishes of my father ☐
(9) the wishes of the child's father ☐
(10) other (specify) _____

Comments: _____

_____

15. Please rate the degree to which you feel that the decision to place your child for adoption was based on your wishes:

1	2	3	4	5	
not at all as I wanted it	a little	moder-ately	consider-ably	completely as I wanted it	☐

Comments: _____

_____

_____

16. Please rate the degree to which you were satisfied with the way in which the adoption was handled.

1	2	3	4	5	
not at all satisfied	a little	moderate	consider-able	completely satisfied	☐

Give details: _____

_____

SECTION C

1. We would now like you to think back to the first month after you placed your child for adoption. Please describe your feelings during this period: _____

_____

2. (i) Now, we'd like you to think about the next three months, i.e., the 2nd, 3rd and 4th months, after you placed your child for adoption. Did the feelings you described in question 1 change?

Yes ☐ No ☐ Don't Know ☐

(ii) If you answered yes to 2(i), please describe how your feelings changed: _____

_____

_____

3. For the 12 months which immediately followed the placing of your child for adoption, please indicate the degree to which you felt you had, generally, adjusted to that experience:

1	2	3	4	5	
not at all	poorly	moder-ately	well	extremely well	☐

Comments: _____

_____

_____

4. Regardless of whether or not you felt you needed it, to what degree do you believe that support was available to you, from your family and friends, during the 12 months which immediately followed the placing of your child for adoption?

1	2	3	4	5	
none at all	a little	moderate	consider-able	as much as I needed	☐

5. To what degree were opportunities available to you during the first 12 months when you could talk freely with other people (family, friends, social worker, etc.), and express your feelings, about having placed your child for adoption?

1	2	3	4	5	
never	a little	moderate	considerable	as much as I needed	☐

6. (i) During the first 12 months after placing your child for adoption did you want to talk and express your feelings about relinquishing your child?

Yes ☐ No ☐ Don't Know ☐

(ii) If yes to 6(i), to what degree were you *able* to talk and express your feelings, in the presence of other people, during the first 12 months after you placed your child for adoption?

1	2	3	4	5	
not at all	a little	moderate	considerable	as much as I needed	☐

7. To what degree did you express your feelings (e.g., relief, crying, anger) about relinquishing your child, when you were *alone*, during the first 12 months after placing your child for adoption?

1	2	3	4	5	
never	a little	moderate	considerable	as much as I needed	☐

8. To what degree did you experience a sense of loss during the first 12 months after having placed your child for adoption?

1	2	3	4	5	
not at all	weak	moderate	strong	extremely strong	☐

9. On the whole, as the time since the adoption has progressed, has your 'sense of loss'

   (1) intensified
   (2) weakened ☐
   (3) disappeared

10. Have there been periods in your life since the adoption when your 'sense of loss' has been greater; i.e. has your 'sense of loss' fluctuated? (e.g., birth of subsequent child/children, birthday of relinquished child).

    Yes ☐ No ☐

    Give details: _____

    _____

    _____

SECTION D

1. We'd now like you to think back to the six month period *before*, and the six month period *after* you placed your child for adoption. On the checklist below, please circle the number(s) which correspond to the life-events which you experienced during this 12 month period.

   1. marriage
   2. disruption in employment (dismissed, resigned, began in new job, apprenticeship, etc.)
   3. broke the law by committing a major offence and/or spent a period of time in an institution or gaol
   4. death of a close family member or friend
   5. major financial problems
   6. significant ill-health of a family member
   7. outstanding personal achievement
   8. change in residence
   9. marital separation or divorce
   10. disruption in schooling (changed schools, ceased formal schooling)
   11. major personal injury or illness
   12. marital reconciliation

   Other (specify) _____

Comments: _____

_____

2. Compared with other major life-events that you may have experienced, please rate the severity of stress you experienced as a result of having placed your child for adoption.

1	2	3	4	5	
not at all stressful	weak	moderately stressful	severe	the most stressful thing I have ever experienced	☐

Comments: _____

_____

_____

SECTION E

We would like to know about your *current* state of health.

1. Please rate what you consider to be your current state of physical health.

1	2	3	4	5	
extremely poor	poor	good	very good	excellent	☐

2. During the *last six months*, how many times have you visited a doctor (for personal complaints only)? ☐

3. We would now like to know more about your emotional health, over the past few weeks. Please answer all of the questions below simply by ticking the answer which you think most nearly applies to you. Remember we want to know about your present or recent complaints, not those you had in the past.

	better than usual	*about the same as usual*	*less well than usual*	*much less well than usual*
1. Been able to concentrate on whatever you're doing?				
2. Been feeling, on the whole, you were doing things well?				
	not at all	*no more than usual*	*rather more than usual*	*much more than usual*
3. Lost much sleep over worry?				
4. Been feeling unhappy or depressed?				
5. Been losing confidence in yourself?				
6. Been thinking of yourself as a worthless person?				
7. Been taking things hard?				
8. Found everything getting on top of you?				
9. Been feeling nervous and strung up all the time?				
10. Found at times you couldn't do anything because your nerves were bad?				
11. Felt constantly under strain?				
12. Felt that you couldn't overcome your difficulties?				
13. Felt that you are playing a useful part in things?				
14. Felt capable of making decisions about things?				
15. Been able to enjoy your normal day-to-day activities?				

	more so than usual	*same as usual*	*less so than usual*	*much less than usual*
16. Been able to face up to your problems?				
17. Been feeling reasonably happy, all things considered?				
18. Been managing to keep yourself busy and occupied?				
19. Been getting out of the house as much as usual?				
20. Been satisfied with the way you've carried out your tasks?				

SECTION F

1. (i) Have you ever sought any information about your child and his/her placement?

Yes ☐ No ☐

Details of information sought:

_____

_____

(ii) If yes to 1(i), to what degree were you satisfied with the information you received?

1	2	3	4	5	
not at all	fair	moderately	as I wanted	more than I wanted	☐

(iii) If yes to 1(i), to what degree did this information assist you to come to terms with having relinquished your child?

1	2	3	4	5	
not at all	a little	moderately	helped a lot	was everything I needed	☐

2. If answer to 1(i) was 'No', would you like to know something about your child?

   Yes ☐ No ☐ not sure ☐

3. How often do you think about your child.

   (a) often (daily/weekly)
   (b) about once very few months
   (c) couple of times a year ☐
   (d) once a year
   (e) rarely
   (f) never

4. Do you ever have to stop yourself from thinking about your child.

   Yes ☐ No ☐

5. (i) Have you ever sought counselling to help you to come to terms with having relinquished your child?

   Yes ☐ No ☐

   (ii) If yes to 5(i), was this counselling helpful?

   Yes ☐ No ☐

6. What have been, if any, the negative aspects of your experience of having placed your child for adoption?

   _____

   _____

   _____

7. What have been, if any, the positive aspects of your experience of having placed your child for adoption?

   _____

   _____

   _____

8. What does your experience of having placed your child for adoption, mean to you now?

_____

_____

_____

9. (i) Are you a member of any organisation which is concerned about relinquishing mothers?

Yes ☐ No ☐

(ii) If yes to 8(i), please indicate which organisation you belong to:

(1) Adoption Triangle ☐
(2) Adoption Jigsaw ☐
(3) Council for the Single Mother and her Child ☐
(4) Other (specify) _____ ☐

(iii) Have you been reunited with the child you placed for adoption?

Yes ☐ No ☐

Comments: _____

_____

_____

10. (i) Are you an adopted person? Yes ☐ No ☐
(ii) Are you an adoptive parent? Yes ☐ No ☐

If your answer to either 10(i) or 10(ii) is yes, your comments/thoughts about your experiences with these aspects of adoption (and possibly how they relate to you having relinquished a child) are welcome: _____

_____

_____

SECTION G

We'd now like you to think about the period between *12 months after relinquishment* and *May 1981*, i.e.,

Relinquishment	This period	May	May
(12 months)		1981	1982

1. To what degree do you believe that support was available to you, from your family and friends, during this period, with respect to you having placed your child for adoption?

1	2	3	4	5	
none at all	a little	moderate	considerable	as much as I needed	☐

2. To what degree were opportunities available to you, during this period, when you could talk freely to other people and express your feelings (if you wanted to), about having placed your child for adoption?

1	2	3	4	5	
never	a little	moderate	considerable	as much as I needed	☐

3. (i) During the period specified, did you want to talk and express your feelings about relinquishing your child?

   Yes ☐ No ☐

   (ii) If yes to 3(i), to what degree were you *able* to talk and express your feelings, in the presence of other people, about relinquishing your child, during this period?

1	2	3	4	5	
not at all	a little	moderate	considerable	as much as I needed	☐

4. To what degree did you express your feelings (e.g., relief, crying, anger) about relinquishing your child, when you were *alone*, during the period specified?

1	2	3	4	5	
never	a little	moderate	considerable	as much as I needed	☐

5. To what degree did you experience a sense of loss, during the period specified, as a result of having placed your child for adoption?

1	2	3	4	5	
not at all	weak	moderate	strong	extremely strong	☐

Comments: _____

_____

_____

6. Now, I'd like you to think only of the last 12 months, *May 1981* to *May 1982*:

Please indicate the degree to which you feel that you have adjusted to the experience of relinquishing a child for adoption?

1	2	3	4	5	
not at all	poorly	moderately	well	extremely well	☐

Comments: _____

_____

_____

7. How, if at all, has relinquishing your child affected:
   (i) your relationship with your partner? _____

_____

_____

(ii) your relationship with relatives? _____

_____

_____

(iii) your emotional stability? _____

_____

_____

(iv) your relationship with subsequent children, or child (if applicable). _____

_____

_____

SECTION H

1. What are your suggestions for improvements to the services provided by adoption agencies to relinquishing mothers prior to relinquishing a child?

2. What are your suggestions for improvements to the services provided to relinquishing mothers by adoption agencies after a child is relinquished?

We are most grateful for your cooperation.

It is anticipated that the results of this project will be available by the end of 1982. Would you like to know about the results of our research?

Yes ☐ No ☐

Appendix 2 Correlations[1] between independent variables for the National sample (N = 133±10)[2] and the Western Australian sample (N=115±3) with the Western Australian correlations in brackets

	First 12 months after relinquishment			*Subsequent period to May 1981*		
	Social Support	*Expression of Feelings*	*Sense of Loss*	*Social Support*	*Expression of Feelings*	*Sense of Loss*
Life Event Score	−.03^{NS} (−.05^{NS})	−.11^{NS} (−.02^{NS})	.20* (.04^{NS})	.00^{NS} (−.01^{NS})	−.02^{NS} (.05^{NS})	.14^{NS} (.03^{NS})
First 12 months after relinquishment						
Social Support		.67*** (.55***)	.24** (−.23**)	.77*** (.62***)	.64*** (.41***)	−.37*** (−.36***)
Expression of Feelings			−.30*** (−.10^{NS})	.60*** (.54***)	.59*** (.59***)	−.39*** (−.23**)
Sense of Loss				−.29*** (−.20***)	−.38*** (−.09^{NS})	.53*** (.73***)
Subsequent period to May 1981						
Social Support					.79*** (.68***)	−.29*** (−.29***)
Expression of Feelings						−.34*** (−.16*)
Sense of Loss						

1 All correlations are rounded to two decimal places.

2 Sample sizes change slightly from one correlation to another because of missing data. The range for N is given by the plus or minus sign.

NS Not significant
* $p<0.05$
** $p<0.01$
*** $p<0.001$

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Appendix 3 R^2, adjusted R^2 and extrapolated R^2 values for Social Support, Expression of Feelings, Sense of Loss and Life Event Scores predicting $Adjustment_1$ and $Adjustment_2$ for each of two random sub-samples

Predictors		*Predicting Adjustment*$_1$			*Predicting Adjustment*$_2$		
		R^2	*Reduced* R^2 *due to chance capitalisation*	*Extrapolated* R^2 *for alternate sample*	R^2	*Reduced* R^2 *due to chance capitalisation*	*Extrapolated* R^2 *for alternate sample*
Life Event Score							
First 12 months after relinquishment	*Sample 1*	.47	.46	.33	.25	.23	.27
Social Support$_E$		(N=122)		(N=126)	(N=113)		(N=121)
Expression of Feelings$_E$	*Sample 2*	.36	.34	.43	.30	.28	.23
Sense of Loss$_E$		(N=126)		(N=122)	(N=121)		(N=113)
Subsequent period to May 1981							
Social Support$_S$	*Sample 1*	.29	.28	.30	.37	.36	.33
Expression of Feelings$_S$		(N=113)		(N=122)	(N=114)		(N=121)
	Sample 2	.30	.28	.29	.39	.38	.32
Sense of Loss$_S$		(N=22)		(N=113)	(N=121)		(N=114)

Note: All R^2 values are round to two decimal places.

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